

1948



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COUNTY BOROUGH OF GATESHEAD

ANNUAL REPORT

OF THE

Public Health Department

For Year 1948.

JAMES GRANT, M.D., Ch.B., D.P.H. (Glasgow)
Medical Officer of Health

W. A. MEARS, *Chief Sanitary Inspector.*



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LIST OF STAFF.

1. STAFF OF LOCAL AUTHORITY.

**Medical Officer of Health, School Medical Officer and Medical Superintendent Sheriff Hill Infectious Diseases Hospital*—JAMES GRANT, M.D., Ch.B., D.P.H.

Deputy Medical Officer of Health and Senior Medical Officer (Maternity and Child Welfare)—MARGARET B. HERBST, M.D., B.S., B.HY., D.P.H.

Senior Assistant School Medical Officer and Assistant Medical Officer of Health—IRIS M. PRATT, M.B., B.S., B.HY., D.P.H.

Assistant Medical Officers of Health and Assistant School Medical Officers—FRANCES DREW, M.B., Ch.B., D.P.H. (resigned 31.8.48); BENNETT D. ROBINSON, M.B., B.S. D.P.H. (resigned 4.6.48); JOHN ARDLEY, M.B., B.S., D.P.H. (commenced 1.7.48); DESMOND A. SMYTH, M.B., B.S., D.P.H. (commenced 5.7.48); MILLICENT H. S. BELL, M.B., Ch.B. (commenced 18.10.48).

**Senior Dental Officer*—LEONARD R. BOWLBY, L.D.S.; *Assistant Dental Officer*—DONALD SKINNER, L.D.S. ERNEST L. PICKERING, L.D.S. (resigned 30.10.48); ALFRED WEISL, D.D.S. (resigned 30.11.48).

Physiotherapist—FLORENCE BETTY CLAYTON, M.C.S.P.

Orthoptist—SHIRLEY S. MILLS, D.B.O.

Health Visitors and School Nurses—C. ROBSON (*Superintendent*), I. ROUSE, E. MCHUGH, S. FRISKEN (retired 15.5.48), M. ATKINSON, M. DAGLISH, D. C. JOHNSON, D. NAIRN, M. P. ARTHUR, I. BRADLEY E. SMART, E. WISE, M. CRAGGS, E. POWLEY, S. HARRISON, I. STOREY (resigned 28.2.48), L. L. PEACOCK (resigned 13.3.48), J. TURNBULL (commenced 18.5.48).

Open Air School Nurse—E. M. MAPLE.

Nursing Aauxiliaries—M. COATES, W. CRAIG, B. GIBSON.

Tuberculosis Visitors—E. FRY, J. HEATLEY (commenced 28.6.48).

Non-Medical Supervisor of Midwives—M. BOLAM.

Municipal Midwives—D. BELL, E. BENDIN, W. MAY, A. FALDON, L. OTTAWAY, S. POOLE, P. GILLIESPIE (resigned 31.12.48), S. STEWART, M. DOBSON, L. WELSH, E. DOUGLAS, S. J. TAIT.

Matrons of Day Nurseries—E. LLEWELLYN, E. SMITH, S. DAVISON, L. DONNELLY.

Clerical Staff—N. CRAIG, T. W. SCURFIELD (resigned 30.10.48), B. ARMATAGE, R. A. SUTTON, T. MIDDLEMAST, Miss P. NEILSON, Miss M. MACRAE, Miss E. JONES, Miss E. I. BRANFOOT, Miss M. ATKINSON, Mrs. M. WATSON, Miss M. GEE, Miss A. L. LORRIMER, Miss E. BROWN (commenced 9.2.48), Miss B. WALL (commenced 1.3.48), Mrs. M. SURTEES (commenced 30.1.48).

Ambulance Officer—W. BARBER. *Deputy Ambulance Officer*—J. NESBIT.

Caretaker Health Centre—E. LITTLEHALES.

* continuing to serve part-time the Local Hospital services.

2. STAFF SHARED BY THE LOCAL AUTHORITY AND THE REGIONAL HOSPITAL BOARD.

*Clinical Tuberculosis Officer (Chest Physician) and Medical Superintendent,
Whinney House Hospital—S. D. ROWLANDS, M.D., B.S., B.HY., D.P.H.*

3. STAFF TRANSFERRED TO REGIONAL HOSPITAL BOARD BUT STILL SERVING LOCAL AUTHORITY.

Ophthalmic Surgeon—H. V. INGRAM, M.B., B.S., D.O.M.S., M.R.C.S., L.R.C.P.

Orthopaedic Surgeon—JOHN K. STANGER, M.B., B.S., F.R.C.S.

Psychiatrist—C. M. ROSS, M.B., CH.B., D.PSYCH.

4. WHOLE-TIME STAFF ENTIRELY TRANSFERRED TO REGIONAL HOSPITAL BOARD.

Medical Superintendent, Queen Elizabeth and Bensham General Hospitals—

A. E. PAXTON, M.B., B.S., B.HY., D.P.H.

Matrons—Miss A. A. LUNT, Queen Elizabeth Hospital; Miss L. WHITE, Sheriff Hill Infectious Diseases Hospital; Miss E. E. THIRKELL, Bensham General Hospital; Miss F. M. HALL, Whinney House Hospital.

Stewards—L. CLABER, R. JONES.

Engineer—R. CHESNEY.

5. STAFF ENGAGED FOR PART III SERVICES.

*Dental Attendants—Miss E. A. RAMSBOTTOM (commenced 20.9.48), Miss D. RIDDLE (commenced 20.9.48)
Miss M. WEARS (commenced 11.10.48).*

Dental Technician—THOMAS W. CURTIS (commenced 27.9.48).

Authorised Officers—Mental Welfare—Senior—F. ASKEW, C. MITCHELL, A. GRAHAM, Miss A. OGDEN.

Supervisor of Domestic Helps—Mrs. D. GROSE.

6. STAFF OF SANITARY DEPARTMENT.

Chief Sanitary Inspector and Inspector for Contagious Diseases of Animals—W. A. MEARS†.*

Deputy Chief Sanitary Inspector—J. P. LAVENDER†.*

Food and Drugs Inspector—G. CHARLTON†. . . .*

Housing Inspector—G. T. NEILSON†.*

District Sanitary Inspectors—J. HIGGINS†, P. MCKENNA*†, O. BURNS*†, W. GOODCHILD*†, T. J. WESTGARTH*†, E. RUSSELL* (commenced 19.4.48, resigned 31.12.48), O. B. DODDS* (commenced 19.6.48)*

** Sanitary Inspectors Certificate R.S.I.*

† Meat and Food Inspectors Certificate R.S.I.

Public Analyst—W. GORDON CAREY, F.I.C.

Clerical Staff—H. GIBSON, M. GRAY, N. ROBINSON (commenced 9.8.48), Miss E. MARLEY, T. A. MATTHEWS (retired 10.6.48).

Rodent Operator—H. FOSTER.

Assistant Rodent Operators—I. RUTTER, T. NICHOL.

Disinfector—J. FREEMAN.

TO THE MAYOR, ALDERMEN AND COUNCILLORS
OF THE COUNTY BOROUGH OF GATESHEAD.

It is an important duty of the Medical Officer of Health to report annually on the health of his area and the work of his department, and I beg respectfully to submit this review in respect of Gateshead during the year 1948. The report is drawn up along the lines laid down by the Ministry of Health in Circular 3/49.

So far as the vital statistics of the town are concerned, there is reason for gratification, for the unusually low rates which were obtained would almost imply that Gateshead was a most healthy area. The infantile mortality rate of 39 per 1,000 live births is the lowest ever recorded in the Borough, while the general death rate, maternal mortality rate and zymotic death rate are extremely satisfactory according to current standards. The only adverse factor is to be found in the tuberculosis death rate, which is actually rising.

These excellent statistics have been obtained in spite of the gross overcrowding and defective housing of a large proportion of the town population. To these conditions attention is again directed, although the reiterated emphasis is a constant feature of recent reports. The situation can only be bettered by the erection of new houses, but within the Borough land available for new housing activity has become so limited as to be non-existent. The first step to the remedy of the town's housing impasse is undoubtedly an extension of the Borough boundary so as to include a large area of building land, which should then be followed by the operation of the slum clearance provisions of the Housing Act. The adoption of these procedures would make it feasible to transfer from paper to reality the schemes for the replanning of the town, especially in regard to the older northern half of the Borough.

The year 1948 will go down in history as having immense importance from the point of view of the organisation of society. Three great Acts, all complementary to one another, came into force on 5th July. The National Insurance Act, 1946, carries out the communal insurance of the family against the economic effects of ill-health and idleness. The National Assistance Act, 1948, supersedes the Poor Law legislation, and provides a national scheme for the relief of poverty and for the welfare of aged, infirm, disabled and other handicapped persons. The National Health Service Act, 1946, provides a comprehensive health scheme available to everyone without specific payment for medical, hospital or other services. Two subsidiary Acts have also contributed to a change in the structure of society. The Children's Act, 1948, is specially devoted to the welfare of children deprived of parental care, and has compelled all major authorities to establish a special children's department, under the charge of a children's officer, to carry out this duty, while the Nurseries and Child Minders' Regulation Act, 1948, provides for the supervision of unofficial agencies for the care of children apart from their parents.

These great changes merit much more notice than passing mention in the annual report of a Medical Officer of Health, who is, after all, limited

in his terms of reference to the aspects of the public welfare which concern health. Some comment must, however, be made on the National Health Service Act, always bearing in mind that it is rather early to sit in judgment on a measure which has afforded only a short experience of its operation in the formative stage. It is a fact, however, that the whole corpus of medicine, its organisation and traditions, the training, functions and inter-relations of all who work in this field, has been put into a crucible, melted down and poured into new moulds, the casts from which are being reassembled. In this process, the Local Authority functions, both preventative and curative, have undoubtedly suffered and as yet the compensatory improvements in the analogous patterns of the new order are not clearly discernible. Thus, for instance, the unity of the prevention and treatment of the infectious diseases and tuberculosis has been severed in many areas, although fortunately in Gateshead the liaison has so far been preserved. The Local Authority machinery for sight testing and the provision of spectacles for children have been seriously impaired in the new arrangements, while there is a serious threat to the priority dental services for mothers and children arising out of the inequalities of remuneration as between one part of the service and another. The position of the expectant mother affords considerable difficulty, for there are open to her three distinct agencies to meet her needs. She may attempt to book a bed in a maternity hospital, which is administered through the regional organisation; or she may exercise her option to book a medical practitioner, either her own or a doctor on the special list, under the arrangements of the local executive council, and will then almost certainly book in addition the services of a local authority midwife to act as a maternity nurse. Her third option is to book a midwife from the local authority, and receive antenatal care from the local authority medical staff, although should an emergency arise, a local practitioner on the special list of the executive council will be called in and paid by the local authority. The only strictly impartial adviser that she could consult in this embarrassment of choice would be her own family practitioner, provided that he did not himself practise domiciliary obstetrics.

The foregoing anomalies are facets illustrative of the much criticised deficiency in the National Health Service Act, its failure to establish a completely unified administration of the health services. The division of the main functions between three or four local committees, diverse in membership and organisation, will hardly bring about a satisfactory link-up of the work of the local hospitals, family practitioners and public health departments. It is thus left to those individuals, who are members of more than one of the various local committees, and to the Medical Officer of Health to lubricate the mechanism and attempt to secure effective integration of the several parts. Whether they will always be completely successful is open to doubt, but the possibility of success would be much enhanced if there were only one local committee in administrative control of all the local health services.

It would be churlish not to mention in this report the most valuable services that have been performed for Gateshead by the medical, nursing and ancillary staffs of the four local hospitals which have been transferred to the jurisdiction of the Regional Hospital Board. The town council was faithfully served by these officers, who put up with many inconveniences which the council was unable to rectify during the war years, and here I

would add my own regrets at their separation from the staff of the local authority health department.

The council has been well served too by its staff of nurses, midwives, medical, dental, technical and clerical officers, and I would especially thank Dr. Herbst, my deputy, and Mr. Mears, Chief Sanitary Inspector, for their loyal and assiduous co-operation during the year.

Your obedient Servant,

JAMES GRANT,

Medical Officer of Health.

PART I.—NATURAL AND SOCIAL CONDITIONS OF THE BOROUGH.

A. General Remarks.

Social conditions continued in Gateshead broadly as described in the previous two reports. The relative prosperity of the working population which makes up the town remained satisfactory, especially when compared with the darkest years of the economic depression at the beginning of the previous decade. The heavy industries, on which Tyneside depends, continued to be busy, and the national demand for coal ensured full employment in the mines.

The greatest deficiency of the town has been undoubtedly the scarcity of houses for many of the people, particularly newly married couples about to raise a family. Some hope of an improvement in the housing conditions was contained in the report of the Boundary Commission, but so far there has been no sign of a materialisation of the prospective extension of the Borough. This is absolutely essential if the corporation houses are to be provided within the municipality, which is now entirely built-up, except for an area surrounding Wrekenton village, part of which is in County Durham and part in Gateshead. As further improvement of the health of the townspeople seems to be most dependent on the progressive improvement of the housing conditions, on the one hand by the clearance of insanitary property and on the other by the abatement of the gross overcrowding which prevails, the urgency of new housing development must be stressed from the hygienic as well as the social point of view.

B. Social Conditions.

By the courtesy of the Manager of the Employment Exchange, the following figures are quoted:—At the end of 1948, there were 1,919 unemployed, 1,713 men, 187 women and 13 boys and 6 girls, figures very similar to those recorded in the previous year.

Disabled persons on the register under the Act of 1944, numbered 2,179 males, and 190 females, but only 377 males and 6 females were unemployed.

Family life may be said to have returned to its normal structure, as the persons who are absent from the community are the unmarried younger males doing their compulsory military service, but the return of the demobilised service-men has produced a number of fresh problems arising out of hasty marriages, married life in rooms or in the households of relatives, and the growth of the family itself.

There is also an impression that the number of married women in remunerative employment continues to be high. Although no specific figures can be given, an indication of this undesirable feature of family life is given by the great demand for day-nursery and nursery school accommodation. For instance, the day-nurseries provided by the local authority, with 290 places, are fully occupied and have waiting lists of children under 5

years amounting in total to several hundreds. It is remarkable also that the average age at which admission is sought for a child to the day-nursery is tending to be lowered. Much of the pressure on this accommodation is due to the high cost of living, which entails the necessity for both parents to be wage-earners. It appears also that the high cost of living in relation to the family has been sustained by the incidence of purchase tax on certain essential goods the high price of clothing, footwear and certain foodstuffs, notably vegetables, and by the high level of taxation of earned income, which is relieved somewhat when both husband and wife are working. It will be a very bad thing for the nation if women with young families are to look upon remunerative work as a natural accompaniment of married life, and this practice has until recently been foreign to the north-eastern area.

The rationing of certain foods by the Ministry of Food has ensured that even those who are completely ignorant of dietetics do secure the valuable proteins and fats so necessary in the diet for the maintenance of health, for very few fail to take the basic rations. As a result, the general nutrition of the community has been well maintained and it is notable that compared with pre-war days, the condition of the teeth of the younger children is greatly improved. Whether this is the result of the shortage of confectionery or the progressive improvement in the nutrition of the expectant mothers is a matter of conjecture. There is some evidence, however, of a degree of anaemia again becoming apparent in the expectant mothers who attend the municipal clinics.

Abolition of the Poor Law.

A feature of previous annual reports has been a reference to the number of persons in receipt of Poor Law assistance, but on the 5th July, 1948, the National Assistance Act replaced the discredited Poor Law machinery for dealing with destitution and afforded financial relief to those in need through the Assistance Board. The Local Authority provision for the indoor relief of the poor is now restricted to the provision of accommodation for the aged and infirm and for other persons who are in need of care and attention not otherwise available to them. The accommodation available has been completely divorced from the Poor Law, and the recipients for this form of care pay for their accommodation out of the National Assistance benefit. Only the present restrictive regulations prevent the local authority from embarking on a programme to provide houses specially for the aged and infirm.

Climatic Conditions in 1948.

It seems appropriate to make some reference to the weather conditions, which have an influence on the health of an area, although there is little precise knowledge of the correlation of weather with specific diseases. Unfortunately, there is no local meteorological station in Gateshead, and the nearest is the University Observatory at Durham, 12 miles south of the Borough boundary. Regular monthly summaries of temperature, rainfall and sunshine are received in the health department, but especially in regard to sunshine they are not strictly applicable to Gateshead.

The year under review can be described as notable for the mildness of the winter and the dullness of the summer. Great extremes of heat and cold were not encountered, and the fall of snow was limited to an inch and a half in the middle of February.

January and December were the coldest months with mean temperatures of 39°F and 39.9°F respectively. The warmest months were July and August with mean temperatures of 58.7°F and 56.6°F respectively, but the maximum sunshine was recorded in May, with June, April, July and March next in order of magnitude. The absolute maximum temperature was 82°F on 31st July and the minimum 25°F on 28th February.

Rainfall for the year amounted to 29.72 inches, which is somewhat above the local average, January, September, August and June being the wettest months of the year in order, each having more than 3 inches of rainfall.

C. General Statistics of the Area.

Population (estimated by Registrar-General 1948)	....	....	....	115,100
Population (estimated by Registrar-General 1939)	....	....	....	116,600
Population of present Borough (Census 1931)	....	....	....	124,545
Area of Borough (in acres)	....	....	....	4,470
Number of Inhabited Houses (Valuation Lists 1948)	....	....	....	31,817
Density of Population per acre	....	....	....	25.7
Number of Persons per Inhabited House	....	....	....	3.6
*Rateable Value at 1st April, 1948	....	....	....	£599,852
*Sum represented by Penny Rate	....	....	....	£2,364
Rate in the £ levied in 1948-49	....	....	....	22/-

* Reduced rateable value and produce of 1d. rate after deduction of Railway and Electricity assessments in accordance with Local Government Act, 1948.

D. Vital Statistics for 1948.

	Males	Females	Total	Rate
Live Births.				
Legitimate	1231	1120	2351	
Illegitimate	42	46	88	
Total	1273	1166	2439	21.1 per 1,000 of population.
Still Births.				
Legitimate	26	23	49	
Illegitimate	1	—	1	
Total	27	23	50	0.43 per 1,000 of population.
Deaths.	676	640	1316	11.4 per 1,000 of population.
Excess of Births over Deaths.....	597	526	1123	
Infantile Mortality.				
Legitimate	45	50	95	40.4 per 1,000 live legitimate births.
Illegitimate	—	1	1	11.3 per 1,000 live illegitimate births.
Total	45	51	96	39. per 1,000 live births.

Maternal Mortality.

a. From Sepsis	1	·4 per 1,000 total births.
b. From other causes	1	·4 per 1,000 total births.
	<hr/> 2	·8 per 1,000 total births.
	<hr/>	

Deaths from Tuberculosis.

a. Pulmonary	53	46	99	·86 per 1,000 of population.
b. Non-pulmonary	10	8	18	·15 per 1,000 of population.
c. All forms	63	54	117	1·01 per 1,000 of population.

Deaths from Epidemic Diseases.

Scarlet Fever	—	—	—
Diphtheria	—	—	—
Measles	—	2	2
Whooping Cough	1	—	1
Enteric Fever	—	1	1
Diarrhoea Infantile	6	6	12

Total Zymotic Deaths	7	9	16	·14 per 1,000 of population.
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Deaths from Cancer	92	107	199	1·7 per 1,000 of population.
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Population.

The official population of the town in 1948, namely 115,100 is only 1,500 short of the last pre-war population figure, although it is nearly 9,000 short of the peak figure of the census in 1931. There is no doubt that were there houses available in Gateshead, the population would increase considerably, due to the natural desire of workers to live near to their place of employment. A great number of people employed in the Trading Estate have perforce to live outside the town.

Births.

The birth rate of 1948, namely 21·1, is a considerable fall on the figure for 1947, which was 24·2. The post-war rush of births can therefore be looked upon as having terminated. The birth rate is still considerably higher than the average pre-war figure. Both the birth rate of 21·1 and the still birth rate of 0·43 per 1,000 of population have to be compared with 20 and 0·52, the respective rates for the great towns, and 17·9 and 0·42, the rates for the country as a whole.

Deaths.

The death rate of 11·4 per 1,000 of population in 1948 is the lowest yet recorded and is to be compared with 12·9 in 1947, and a rate of 11·6 for the great towns and 10·8 for the country generally.

The infantile mortality rate in 1948 showed a tremendous reduction on any previous experience in Gateshead, and with the figure of 39 per 1,000 live births is the lowest ever recorded in the town and approximates to the rate for the great towns of England. The national infantile mortality rate was 34.

The principal causes of infantile mortality were:—

Notifiable infectious disease (tuberculosis 2, measles 1, whooping cough 1)	....	4
Pneumonia	....	25
Enteritis (12) and other digestive disorders (2)	....	14
Prematurity	....	25
Congenital malformations birth injuries, etc.	....	21
Violence	....	1
Other causes	....	6

Consideration of the above causes suggests that the low rate is still susceptible of further improvement, deaths from pneumonia, enteritis and prematurity being to a large extent avoidable. An improved service for the care of premature babies is under consideration.

So far as the general population is concerned, the killing diseases were:—

Diseases of the Heart and Circulation (heart disease 306, intracranial disease 166, other circulatory disease 60)	532 (40·4% of total deaths)
Cancer	199 (15·1% of total deaths)
Tuberculosis (all forms)	117 (8·8% of total deaths)
Pneumonia (48) and other respiratory diseases (101)	149 (11·3% of total deaths)
Diseases of digestive system (peptic ulcer 10, appendi- citis 2, other 22)	34
Nephritis	31
Diabetes	10
Influenza	4
Syphilis	5
Notifiable infectious diseases (whooping cough 1, measles 2)	3
Suicide	16
Road accidents	7
Other violent causes	22

685 of the deaths occurred in persons over 65 years of age, that is over 50% of the total deaths, a reflection of the ageing of the population and the longer expectation of life due to improved local services.

There were 2 maternal deaths in 2,489 live and still births, yielding a maternal mortality rate of 0·8 per 1,000 live births, as compared with 0·35 in the previous year. The experience of the last two years is that the local arrangements in regard to midwifery have been brought very near to perfection.

The infectious diseases death rate is the lowest ever recorded.

The only unsatisfactory feature of the statistics is the slight rise in the tuberculosis death rate from ·96 per 1,000 of population to 1·01. Since 1946, the tuberculosis death rate has tended to rise. In searching for a possible factor, the shortage of institutional accommodation coupled with local housing conditions come to mind. The national death rate for tuberculosis is half the local rate, which is 40% higher than the average rate in the great towns. The increase in tuberculosis mortality is shown in both pulmonary and non-pulmonary forms of the disease. The non-pulmonary deaths included 8 cases of primary tubercular meningitis, as compared with 9 in the preceding year. In these cases, contact with a known source of

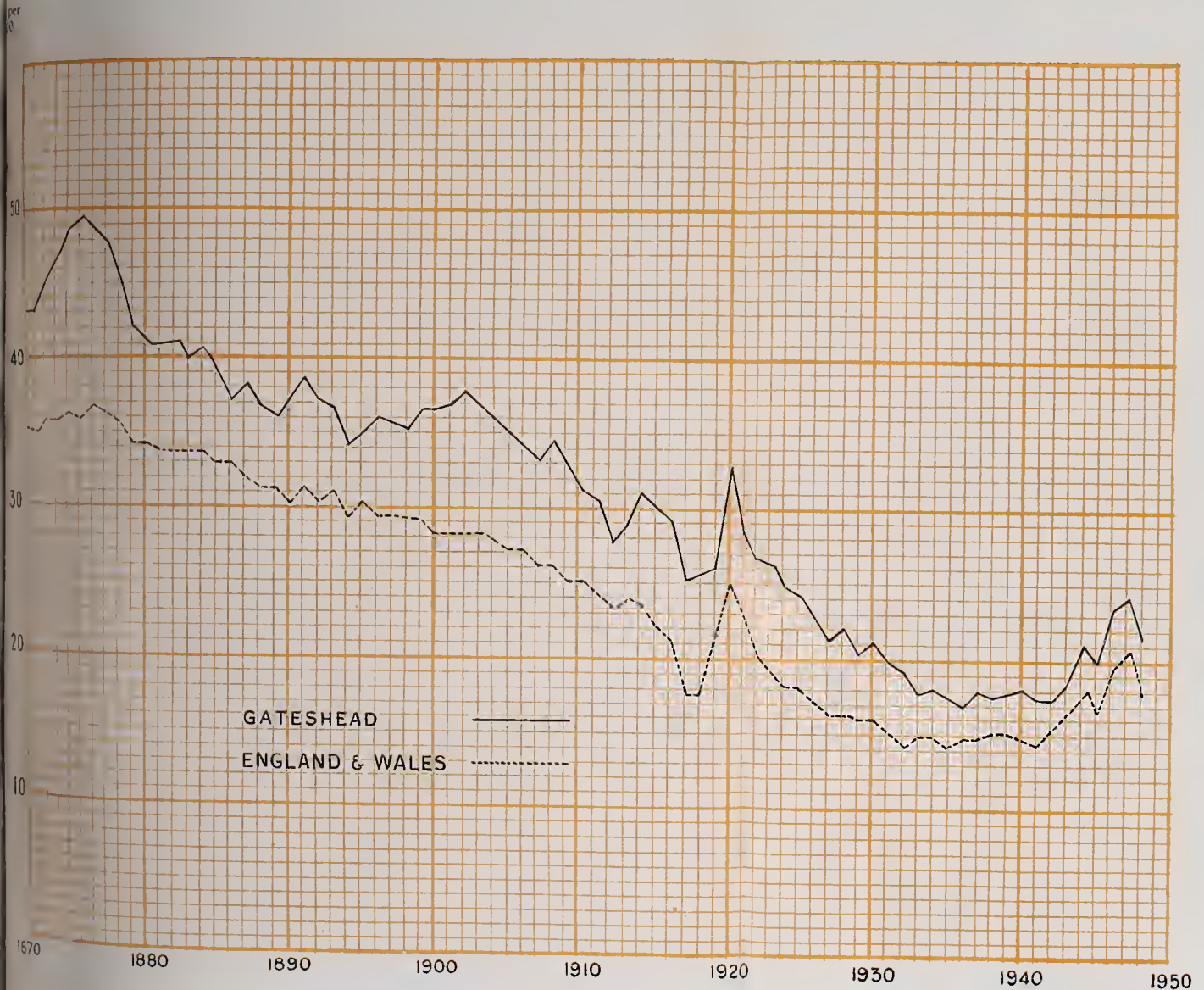
County Borough of Gateshead

BIRTH RATE per 1,000 population

1871 - 1948

AVERAGE BIRTH RATES

1871-1880 45.3	1881-1890 38.6	1891-1900 36.0	1901-1910 34.8	1911-1920 28.7	1921-1930 24.0	1931-1940 18.1	1941-1948 20.3
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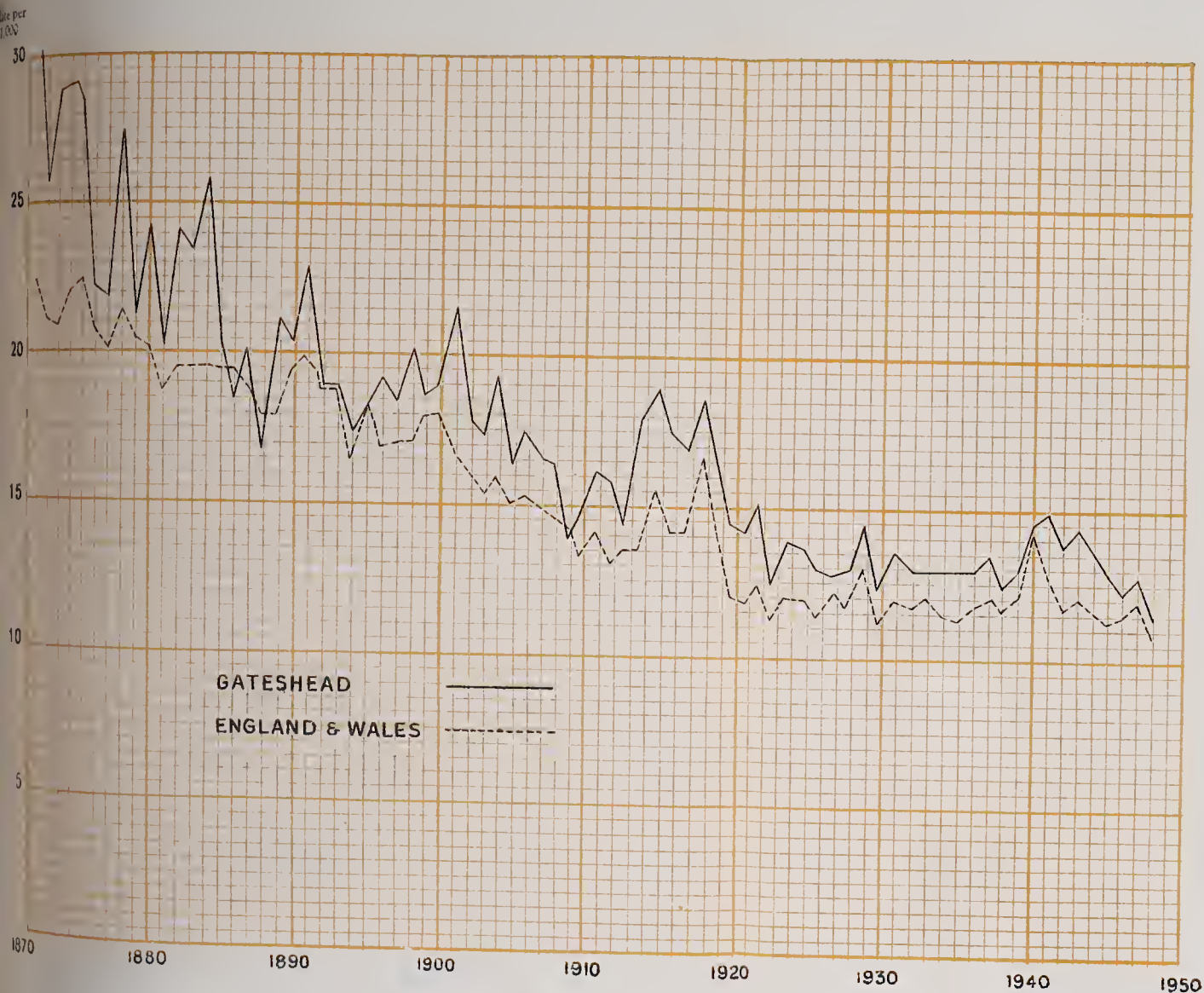
County Borough of Gateshead

DEATH RATE per 1,000 population
(at all ages and from all causes)

1871-1948

AVERAGE DEATH RATES

1871-1880	1881-1890	1891-1900	1901-1910	1911-1920	1921-1930	1931-1940	1941-1948
26.1	21.3	19.4	17.4	16.9	13.7	13.1	13.3



infection was traced in 3, but in 5 others the source of the infection was untraced. The ages of the deceased ranged from 11 months to 18 years. 4 other patients died of tubercular meningitis secondary to lesions elsewhere, and 2 other cases of verified tubercular meningitis were still undergoing streptomycin therapy at the end of the year. In the latter cases no source of infection was found.

The cancer death rate is more or less stationary between 1.5 and 2 per 1,000 of population.

E. Ward Statistics.

Because of the movement of population and the lack of a census it is considered that it is no longer possible to produce figures bearing on the health of the different wards which would be of any real value. It is hoped to resume this table when accurate figures for the populations at risk are available, but there appears to be little doubt that the northern wards of the town are the least healthy.

The following table summarises the statistical rates for the last 10 years:—

	1948	1947	1946	1945	1944	1943	1942	1941	1940	1939
Population	115100	113580	112210	105560	104440	103500	105000	106820	107200	116600
Births—										
Uncorrected										
Number	2514	2744	2533	2010	2127	1692	1585	1554	1606	1606
Net Number	2439	2756	2614	2097	2219	1917	1835	1853	1951	2073
Birth rate per										
1000 populatn	21.1	24.2	23.3	19.9	21.2	18.5	17.4	17.3	18.1	17.7
Deaths.										
Registered	1270	1398	1308	1308	1375	1409	1342	1537	1422	1243
Crude Rate	11.0	12.3	11.6	12.3	13.1	13.5	12.7	14.3	13.2	10.6
Transfer, out	66	48	55	63	86	56	58	93	75	60
" in	112	123	133	121	145	148	162	171	231	248
Net Number	1316	1473	1386	1366	1434	1503	1446	1615	1578	1491
Death rate										
per 1,000	11.4	12.9	12.3	12.9	13.7	14.5	13.7	15.1	14.7	13.1
Infantile										
Mortality										
Deaths.....	96	152	147	118	120	148	126	165	138	122
Rate per 1000										
live births	39.	55.	56.	56.	54.	77.	68.	90.	71.	60.
Maternal Death										
Rate per 1000										
total births ....	.8	0.35	1.48	2.31	3.93	3.05	2.63	4.78	3.5	6.6
Tuberculosis										
Death Rate	1.01	0.96	0.85	1.18	1.38	1.21	1.20	1.44	1.36	1.18
Zymotic Death										
Rate	0.14	0.33	0.22	.18	.31	.54	.25	.58	.24	.26
Cancer Death										
Rate	1.7	1.78	1.6	1.88	1.80	1.85	1.64	1.63	1.62	1.61

PART II.—HEALTH SERVICES OF THE AREA.

The great change that occurred on the 5th July, 1948, has made it necessary to alter completely the lay-out of this annual report. In the first place, the hospital and specialist services have become the responsibility of the Regional Hospital Board and of the Gateshead District Hospitals Management Committee, on both of which bodies the Corporation is represented. The Local Authority, while losing control of five hospitals, has undertaken new duties, some of which were extensions of former responsibilities and others quite new.

The great transfer of the hospital services to the newly constituted bodies was carried out by the continued use of the non-transferred local health authority personnel and other facilities, during the time when the new boards and committees were occupied in setting up the administration which was to supersede the existing machinery. To the end of 1948, therefore, the local authority officials continued in very much the same relationship to the municipal hospitals as they had done prior to the appointed day, with the exception that the work was done on behalf of the Board and management committee on an agency basis.

Gateshead lost five municipal hospitals which served the area. These were the Sheriff Hill Isolation Hospital, originally opened in 1880, the Bensham General Hospital (formerly the High Teams Poor Law Institution), erected in 1888 by the Gateshead Board of Guardians, the Stannington Mental Hospital, built in 1913, Whinney House Sanatorium, which was opened in 1924, and the Queen Elizabeth Hospital, which was first put into use in 1943.

Fortunately for the Council, the official opening of the Queen Elizabeth Hospital by Her Majesty the Queen took place before the transfer of the hospital to the new organisation, and the Queen's visit on March 18th, 1948, will long remain in the memory of the townspeople as the high light of the year.

Although the municipal hospitals have been nationalised, they are not lost to the townspeople of Gateshead. In the new management committee, the Corporation is represented by members of the Council and by the Medical Officer of Health, who have fulfilled a most useful duty in representing the interests of the town in the transferred hospitals which will still serve its citizens, and in securing their liaison with other services within the larger framework of the National Health Service Scheme. It is intended that the link between the hospitals and the community will be further fortified by joint appointments of medical staff to the local authority and to the local hospitals, a feature that seems almost essential in the case of the Medical Officer of Health if he is to have any real knowledge of the preventable diseases that are occurring in the town. The Gateshead Hospital Management Committee is also responsible for the Gateshead Children's Hospital, Whickham Cottage Hospital, and the Norman's Riding Fever Hospital, so that it manages the hospitals serving several of the surrounding urban and rural areas.

The hospital facilities are no longer limited for the reception of patients from certain areas, for the rule to be applied is that no patient suitable for the hospital can be refused if there is accommodation available.

For some local authority medical services of a therapeutic nature, certain consultants and specialists had been under agreement to the local authority, but as from the appointed day these experts have been seconded from the Regional Hospital Boards to assist the local authority in carrying out the necessary treatment of defective vision, crippling defects and mal-adjusted children, which is still a local responsibility.

The problem of linking up the environmental aspects of tuberculosis with its treatment and cure in institutions has also been solved by the sharing of the services of the tuberculosis officer by the Regional Board and the Local Authority in a proportion to be determined.

Under Part III of the National Health Service Act, the Local Authority became responsible for the care of mothers and young children, the services for domiciliary midwifery, health visiting, domestic help and home nursing, the provision of ambulances, the arrangements for vaccination and immunisation and the general prevention, care and after-care of illness, with special emphasis on tuberculosis and mental conditions. These new duties were mainly developments of services, which were already provided in Gateshead, but at the cost of the users, unless their means were inadequate. Under the Act, all these aids, except the provision of articles including meals, and the use of domestic helps, have been freed of specific fees, as the cost of the service is financed from the rates, aided by Government grants to the extent of 50%.

An important new duty for the health committee, the care of mental illness, was taken over from the defunct social welfare and mental deficiency committees. This provides for the free institutional care of all persons suffering from mental illness together with the requisite domiciliary welfare work for persons under care in their own homes.

The National Health Service Act also provides a domiciliary medical service free of charge to all members of the community. For this purpose, the scope of the former National Health Insurance work has been extended to include the wives and children of insured persons, along with all other members of the community who wish to take advantage of the provision. The domiciliary service is financed entirely through the Ministry of Health out of monies provided by the Treasury, which are partly derived from the taxpayers and partly contributed by all employed and self-employed persons. A new administrative committee, the Local Executive Council, has replaced the Insurance Committee, and it is representative in statutory proportions of the Local Authority and of the professions engaged in the work of the council. The sphere of service includes the provision of general medical care to sick persons remaining at home, along with necessary dental treatment, supply of drugs, dressings and certain appliances, and the provision of spectacles.

One effect of the new legislation which is worthy of note is the transfer of the onus of providing some of the specialist treatment services for children from the statutory local Education Authority to the Regional Hospital Board, with which the specialist staff will be under contract. This applies to orthopaedic treatment, ophthalmic work, to the arrangements for the treatment of diseases of the throat, nose and ear, and the treatment of ringworm. But an exception arises in connection with the handling of maladjusted

children, for this function involves treatment by educational as well as by psychiatric methods, and it is not clear how far the dual aspects of this work will be co-ordinated.

Although specialists of the Board have been seconded for the service of the local authority, in Gateshead the local authority dental officers have been sought by the Board to give necessary dental care to the hospital patients as they did prior to the appointed day.

A. Hospital and Specialist Services.

(Part II of the National Health Service Act, 1946).

1. Hospitals serving the Area.

The following list gives the names of the hospital services used by the Gateshead people and of the appropriate management committee:—

Sheriff Hill Infectious Diseases Hospital	} Gateshead and District Hospitals Management Committee. Secretary—Mr. H. Clark, "The Lodge", Sheriff Hill, Gateshead 9.
Whinney House Sanatorium	
Bensham General Hospital	
Queen Elizabeth Hospital	
Gateshead Children's Hospital	
St. Mary's Hospital, Stannington	Secretary—Mr. R. Wood, St. Mary's Hospital, Stannington.
Royal Victoria Infirmary, Newcastle	} Newcastle upon Tyne United Hospitals Board of Governors. Secretary—Dr. A. W. Sanderson, Royal Victoria Infirmary, Newcastle
Princess Mary Maternity Hospital, Newcastle	
Babies' Hospital, Newcastle	
Fleming Memorial Hospital for Sick Children, Newcastle.	
Newcastle General Hospital	} Newcastle upon Tyne Hospital Management Committee. Secretary—Mr. K. C. Booker.
Northern Counties Chest Hospital	
Eye Hospital, Newcastle	
Ear, Throat and Nose Hospital, Newcastle.	
W. J. Sanderson Orthopaedic Hospital, Newcastle.	
Town Moor Smallpox Hospital, Newcastle.	} Hexham and District Hospital Management Committee. Secretary—Mr. W. Stokell. North West Durham Hospital Management Committee. Secretary—Mr. A. Lawther. Cleveland Hospital Management Committee. Secretary—Mr. L. Brittain.
Barrasford Sanatorium	
Shotley Bridge Hospital	
Poole Sanatorium	
Monckton Hall	} Prudhoe and Monckton Hall Management Committee. Secretary—Mr. J. G. Gillett
Prudhoe Hall Colony	

2. Special Hospital Treatment.

Prior to the appointed day of the National Health Service Act, the Local Authority had arrangements for the special treatment of certain conditions in the Newcastle General Hospital and Shotley Bridge Hospital. For purposes of convenience, the return of the work done for Gateshead patients in the whole of 1948 by these specialist departments is included.

(a) Neurological Surgery.

I am indebted to Mr. G. F. Rowbotham, Neurological Surgeon, for the following account of the work done in 1948:—

Number of patients seen in consultation at the Newcastle General Hospital
(including follow-up examination of patients after discharge) 139

Number of patients admitted to Neuro-surgical Unit 50

Details of Operations Performed.

1. Cerebral Explorations and Decompressions for Cerebral Tumour	....	8
2. Laminectomy for Sciatica due to Herniated Nucleus Pulposus	....	3
3. Intracranial Root Section for relief of Trigeminal Neuralgia	....	1
4. Elevation of Depressed Fracture of Skull	....	2
5. Repair of Skull Defect by Tantalum Graft	....	1
6. Sympathectomy for the relief of Migraine	....	1
7. Sequestromy for Osteomyelitis	....	1
8. Encephalography (1 Investigation Case, 4 Cerebral Tumours, 1 case of Epilepsy)	6	

The remaining 27 cases were fully investigated neurosurgically and treatment instituted where necessary.

(b) Chest Surgery.

Mr. George A. Mason has kindly supplied the following particulars of the work done in 1948:—

Out-Patients seen at Newcastle General Hospital 53

	New Cases	Old Cases	Total
Cases Admitted, 1948	46	4	50
Cases admitted during 1947 and still in or discharged during 1948	4	—	4

WORK DONE.

	Disease	Major Service
Cases admitted during 1947	Bronchogenic Carcinoma 2	Bronchoscopy 1
	Mediastinal Tumour 1	Pneumonectomy 1
	Bronchiectasis 1	Bronchoscopy 1
		Bronchoscopy 1
Cases admitted and discharged during 1948	Pulmonary T.B. 20	Phrenic Crush 3
		Adhesions 15
		Thoracoplasty 2
	Bronchiectasis Group 6	B. & L. 5
		Lobectomy 1
	Bronchogenic Carcinoma 12	Bronchoscopy 10
		Pneumonectomy 1
		Investigation 1
	Heart 4	Potts Operation 3
		Cellophane wrapping aneurysm 1
Cases admitted during 1948 and still in 1949	Oesophageal Adenoma 1	Oesophagoscopy 1
	Empyema 1	Drainage 1
	Empyema 2	Drainage 1
		Radical Toilet 1
	Mediastinal Cyst 1	Excision 1
	Bronchiectasis 1	B. & L. 1
	Lung Abscess 1	Drainage 1
	Aneurysm 1	Colts Wiring 1

3. Bacteriology.

(Public Health Laboratory Service of the Medical Research Council).

The laboratories of the former joint committee of local authorities were taken over by the Medical Research Council to provide, free of charge, a public health laboratory service for the local authorities. A statement of the work done on behalf of Gateshead is given below, most of this having been carried out at the Public Health Laboratory, Government Buildings, Ponteland Road, Newcastle on Tyne:—

(a) Prevention and Treatment of Disease.						
Swabs for diphtheria bacilli	...	...	...	...	...	229
Swabs for typing of diphtheria bacilli	...	...	...	...	...	5
Cultures for Virulence Test	...	...	...	...	...	3
Swabs for other organisms	...	...	...	...	...	285
Sputa for tubercle bacilli	...	...	...	...	...	767
Other specimens for tubercle bacilli	...	...	...	...	...	127
Eye smears for Gonococci	...	...	...	...	...	33
Faeces for pathogenic organisms	...	...	...	...	...	208
Urine for organisms	...	...	...	...	...	377
Cerebro-spinal fluid for organisms	...	...	...	...	...	16
Blood for Widal reaction	...	...	...	...	...	20
Miscellaneous...	...	...	...	...	...	88
						<hr/> 2158
(b) Milk.						
T.T. Milk	...	...	...	...	...	24
Accredited Milk	...	...	...	...	...	16
Pasteurised Milk	...	...	...	...	...	142
T.T. Pasteurised Milk	...	...	...	...	...	10
Sterilised Milk	...	...	...	...	...	23
Ordinary Milk	...	...	...	...	...	21
Milk for tubercle bacilli by inoculation	...	...	...	...	...	19
						<hr/> 255
(c) Water Supply.						
Town Supply	...	...	...	...	...	12
Hospital	...	...	...	...	...	1
						<hr/> 13
(d) Food.						
Suspected Foodstuffs	...	...	...	...	...	1
Ice creams	...	...	...	...	...	51
						<hr/> 52
(e) Control of Venereal Disease.						
(1) Blood Wassermann Tests:—						
(i) Practitioners	...	...	...	...	...	12
(ii) Antenatal Clinics	...	...	...	...	...	1999
(iii) V.D. Clinics	...	...	...	...	...	2184
(2) Cerebrospinal Fluid:—						
V.D. Clinics	...	...	...	...	...	78
						<hr/> 4273
Grand Total						<hr/> 4593 <u>6751</u>

(4) Blood Transfusion Service.

This work is organised through a regional headquarters at a centre situated in Jesmond Road, Newcastle on Tyne. Arrangements are in being for the collection of blood from local volunteers, and blood banks are maintained at the Queen Elizabeth Hospital and at Bensham Hospital, along with supplies of plasma for transfusion purposes. At the local authority antenatal clinics, routine blood samples are taken and sent to the Blood Transfusion Centre for blood grouping and rhesus testing. In 1948, 2,012 specimens were submitted and the results noted on a card given to each patient. Specimens from women found to be Rh. negative are re-examined at the seventh month of pregnancy and a sample of the husband's blood is also tested. Women showing evidence of antibody formation are admitted to hospital for their confinement.

B. Local Authority Health Services.

(Part III of the National Health Service Act, 1946).

1. General Outline of Proposals of Local Authority.

In 1947, the Local Authority submitted proposals to the Minister, which were approved, and as a result it became the responsibility of the Local Authority to carry out the proposals as a duty. In broad outline, the schemes for the implementation of the Council's duties under this part of the Act are as follows:—

Care of Mothers and Young Children.

A maternity and child welfare sub-committee is responsible to the statutory health committee for this work, which, under the general direction of the Medical Officer of Health, is supervised in detail by the Deputy Medical Officer of Health, who is specially responsible for the supervision of the midwifery, health visiting, home nursing and domestic help services, through the appropriate superintendents.

Four antenatal clinic sessions and two post-natal clinics are held each week, staffed meantime by Local Authority medical officers. At eight premises in the town, child welfare clinics are held, in some twice a week and in others only once, making a total of eleven sessions weekly, the medical and nursing staff being largely drawn from the Local Authority.

Four day nurseries, providing 290 places for children, also come under the supervision of the Deputy Medical Officer of Health.

The dental services, hitherto common to the school medical and maternity and child welfare services, are still freely available for these priority classes and have been extended so as to include the services of attendants and of dental technicians manufacturing dentures and dental appliances in a dental laboratory at Greenesfield House. The staff employed in the dental department is whole-time.

Welfare foods are distributed in the principal health centre, either through the Ministry of Food scheme or at cost price when prescribed by the doctors.

Maternity outfits are given to expectant mothers in need of them, and arrangements have been made for the care of unmarried mothers and their children in various voluntary rescue homes, depending upon the religious persuasion of the applicants. It is considered that the future development of the service will be by way of a number of dual appointments in concert with the Regional Board for the provision of specialist advice in the welfare centres and for the Local Authority medical officers to take a place in the work of the hospitals. The further projected development is the improvement or replacement of the premises in which the infant welfare centres are held.

Midwifery.

Eleven local authority midwives work under a superintendent from Greenesfield House, and six District Nursing Association midwives are provided by agreement with the Association, working from the nurses' home in Coatsworth Road, under the supervision of the matron. Altogether, therefore, there are seventeen midwives available for the Borough. These midwives are re-inforced by a number of pupil midwives derived from the Queen Elizabeth Hospital Part II training school.

Four sets of apparatus for gas and air analgesia are available for the midwives, and transport for the apparatus and for the midwives in emergency is provided by the Corporation Transport Department.

Health Visiting.

The plan approved by the Minister provided for an establishment of 16 increasing to 20 health visitors acting under the superintendent, the care of tuberculous patients being excluded from the ordinary duties of the health visitor and carried out by special tuberculosis nurses working under the direction of the tuberculosis officer. A junior clerk is employed to save the time of the nurses in the compilation of daily records of work done.

Home Nursing.

The Local Authority has entered into an agreement with the Gateshead District Nursing Association to provide for a comprehensive service of domiciliary nursing within the Borough, which is to be extended as needs arise. The Local Authority is responsible for the expense involved and the District Nursing Association has enlarged its committee to provide for Local Authority representation. A small part of the Borough is served by the Durham County Nursing Association through a nurse stationed at Wrekenton where there is a local sub-committee representative of the Borough and County area involved.

Negotiations have been entered into with a view to the affiliation of the Wrekenton Nursing Association with the Gateshead Nursing Association, with the object of centralising the control and providing for the relief of the Wrekenton nurse from the Gateshead Association nurses. The development plan visualises the Gateshead Nursing Association meeting any new demands up to the capacity of the nurses' home in Coatsworth Road, and leaves it open to the Local Authority to employ home nurses in the Sunderland Road and Askew Road areas of the town, in conjunction with the Local Authority's health centre proposals.

Prevention of Illness, Care and After-Care.

The tuberculosis care committee composed of members of the health committee, certain ex-officio members and representatives of the Gateshead Council of Social Service is an official sub-committee of the health committee, and the tuberculosis clerk has been redesignated invalid welfare officer with the duties of supervising the arrangements for the welfare of the patients, acting jointly for this purpose with the social worker employed by the Gateshead Council of Social Service, the district rehabilitation officer of the Ministry of Labour and the tuberculosis nurses.

The superintendent health visitor continues to be responsible for contact-tracing and the follow-up of cases under treatment for venereal diseases. She acts in close liaison with the special department of the Newcastle General Hospital serving the Tyneside area.

Four authorised officers, who are to have a special course of training, undertake the functions formerly carried out by the relieving officers and by the mental deficiency officer. It is intended that these should be supervised by a medical officer with experience in mental illness. These officers are responsible for the removal and transport of mental patients, the supervision of mental defectives in their homes and the reference of mental defectives for suitable institutional care. An occupation centre will be provided as soon as possible for defectives remaining at home.

A central store of invalid aids is established at the health centre, from which various requisites are loaned for use in the care of invalids at home.

Domestic Help.

The Authority has expanded the number of home helps already employed in accordance with the increased local demand. The workers, now called "domestic helps", carry out their duties under a supervisor, who is also responsible for the organisation of the service so as to ensure that priority cases get preference.

Vaccination and Immunisation.

A scheme has been initiated whereby residents may be vaccinated or immunised by their own practitioners or by local authority doctors in attendance at the infant welfare centres. A records department has been established to ensure the follow-up of each child that is born, with reminders at appropriate times of the necessity for affording protection against smallpox, diphtheria and whooping cough.

Ambulance Service.

The municipal ambulance service, which has been in existence since 1943 is to be extended so as to provide ultimately for a total of 8-11 ambulances, 4 sitting case cars and a staff of 30 whole-time drivers and attendants. The personnel concerned work under an ambulance officer and a deputy, operating from a central depot within the centralised hospital scheme at Sheriff Hill.

Arrangements have been made for all incoming telephone calls to be received on a line specially reserved for the purpose, the depot being connected to the Sheriff Hill Hospital exchange for external communication.

2. Clinics and Welfare Facilities (as at 31st December, 1948).

(1) Greenesfield Health Centre:—

School Clinic	....	....	9 a.m.—9.30 a.m. daily. 4 p.m.—5 p.m. daily—except Saturdays
Infant Welfare Centre	....	....	2 p.m. to 5 p.m.—Tuesday and Thursday:
Ante-natal clinic	....	....	9.30 a.m. to 12 noon and 2 p.m. to 5 p.m. Wednesday. 2 p.m. to 5 p.m. Friday.
Post-natal clinic	....	....	10 a.m. to 12 noon Friday.
Chest Clinic	....	....	9 a.m. to 5 p.m. daily (Saturday open until 12 noon only). Also once per month on Wednesday from 5 p.m. to 6.30 p.m.
Dental clinic	....	....	9 a.m. to 5 p.m. daily (by appointment). Saturday—9 a.m. to 12 noon.
Orthopaedic clinic	....	....	Twice monthly (largely by appointment).
Ophthalmic clinic	....	....	By special appointment.
Artificial Sunlight Treatment	....	....	Daily (by appointment).
Immunisation clinic	....	....	Thursday 2 p.m. to 4 p.m. Saturday—9 a.m. to 12 noon (school children).

(2) Gateshead District Nurses' Home:—

Ante-natal clinic	....	....	Tuesday—2 to 4.30 p.m. (District Nurses' cases only).
Post-natal clinic	....	....	Friday 2 to 4.30 p.m. (once per month commenced December).

(3) Bensham Methodist Church Hall:—

Infant Welfare Centre	....	....	2 p.m. to 5 p.m. Tuesday and Thursday (Medical session—Thursday. Nurses' session—Tuesday).
Immunisation and Vaccination	....	....	2 p.m. to 4 p.m. Tuesday (fortnightly)

(4) Presbyterian Church Hall, Low Fell:—

Infant Welfare Centre	....	....	2 p.m. to 5 p.m.—Mondays and Wednes- days (Medical session—Wednesday, Nurses' session—Monday,
Immunisation and Vaccination	....	....	2 p.m. to 4 p.m. Wednesday (fortnightly)

(5) Moore Street Methodist Church Hall:—

Infant Welfare Centre	....	....	2 p.m. to 5 p.m.—Monday (Medical Session).
Immunisation and Vaccination	....	....	2 p.m. to 4 p.m. Wednesday (fortnightly)

(6) Wrekenton Miners' Welfare Hall:—

Ante-natal clinic and infant welfare centre	2 to 5 p.m. Friday (fortnightly).
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(7) Victoria Road Methodist Church Hall:—

Infant Welfare Centre	2 to 5 p.m. Friday
Immunisation and Vaccination	....	....	2 p.m. to 4 p.m. Thursday (fortnightly)

(8) Carr Hill:—

Infant Welfare Centre	....	....	Wednesday 2 p.m. to 5 p.m.
Immunisation and Vaccination	....	....	2 p.m. to 4 p.m. Tuesday (fortnightly)

(9) Lobley Hill:—

Infant Welfare Centre	....	....	Thursday 2 p.m. to 5 p.m.
Immunisation and Vaccination	....	....	2 p.m. to 4 p.m. Friday (fortnightly)

(10) Queen Elizabeth Hospital:—

Consultations with visiting surgeons	....	....	10 a.m. Mondays to Saturdays.
Consultations with visiting physicians	....	....	10 a.m. Mondays to Saturdays.
Ante-natal special consultations	....	....	2 to 4 p.m. Wednesday.
Post-natal clinic	....	....	Wednesday a.m.
Ante-natal clinic	....	....	2 to 5 p.m. Monday, Thursday and Friday (for booked cases only.)

The clinics for immunisation and vaccination were commenced in the month of September.

3. Maternity and Child Welfare.

(a) Births.

There were 2,439 live births registered during 1948. Of the total live births, 1,273 were males and 1,166 females. This represents a birth rate of 21.1 per 1,000 of the population, showing a decrease of 3.1 per 1,000 from 1947. 88 births (42 males and 46 females) or 3.6 per cent were illegitimate.

<i>Attended by</i>	<i>No. of Live Births</i>	<i>No. of Still Births</i>
Doctors	305	12
Midwives	880	13
Princess Mary Maternity Hospital:—		
(a) In wards	29	1
(b) At home	25	1
Bensham Hospital.....	328	9
Queen Elizabeth Hospital	772	24
Craigielea Nursing Home	28	—
Other Nursing Homes.....	72	1

In 274 of the doctors' cases a registered midwife was in attendance as a maternity nurse.

Stillbirths.

There were 61 stillbirths during the year, of these 30 were males and 31 females, 35 were full term, 10 had reached the eighth month and 16 the seventh month of gestation.

(b) Infantile Mortality.

There were 96 deaths among infants under the age of one year, giving an infantile mortality rate of 39; which is 16 less than last year and the lowest on record in the borough. 43 or 44% of the total deaths occurred in children under the age of one month; 33 babies died during the first week of life, 22 of these being due to premature birth. As premature birth still remains one of the chief causes of infantile mortality, it was decided that two special nurses should be appointed, one full-time and the other part-time, to nurse the premature babies born at home, as the midwife in attendance on the cases has not the necessary time to devote to these small infants. In this way it is hoped that there will be an improvement in the number of infants surviving after premature birth.

There were 53 deaths among infants over 1 month, and the majority of these were due to enteritis or pneumonia; the health visitors are doing intensive work on both of these causes of death and are trying to induce the mothers to call in medical aid at the first signs of either disease. Although the low infantile mortality rate this year is a great improvement on the previous records, it is hoped that the additional work being carried out on all the main causes of infant death will produce an even lower rate next year.

INFANTILE MORTALITY DURING THE YEAR 1948.
Nett Deaths from Stated Causes at Various Ages under 1 year of age.

CAUSE OF DEATH		Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	Total under four weeks	1—3 months	3—6 months	6—9 months	9—12 months	Total Deaths under 1 year		
											T.	M.	F.
All Causes	Certified	33	4	5	1	43	17	12	10	11	93	42	51
	Uncertified	—	—	—	—	—	3	—	—	—	3	2	1
Smallpox		—	—	—	—	—	—	—	—	—	—	—	—
Chickenpox		—	—	—	—	—	—	—	—	—	—	—	—
Measles		—	—	—	—	—	—	—	—	1	1	—	1
Scarlet fever		—	—	—	—	—	—	—	—	—	—	—	—
Whooping cough		—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria and Croup		—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas		—	—	—	—	—	—	—	—	—	—	—	—
Pulmonary tuberculosis		—	—	—	—	—	—	—	—	1	1	—	1
Tuberculous Meningitis		—	—	—	—	—	—	—	—	1	1	1	—
Abdominal Tuberculosis		—	—	—	—	—	—	—	—	—	—	—	—
Other tuberculous Diseases		—	—	—	—	—	—	—	—	—	—	—	—
Meningitis—not T.B.		—	—	—	—	—	—	—	—	—	—	—	—
Convulsions		—	—	—	—	—	1	—	—	—	1	—	1
Laryngitis		—	—	—	—	—	—	—	—	—	—	—	—
Bronchitis		—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia		—	1	2	—	3	9	2	7	4	25	10	15
Diarrhoea		—	—	—	—	—	—	—	—	—	—	—	—
Enteritis		—	—	—	—	—	4	6	2	2	14	6	8
Gastritis		—	—	—	—	—	—	—	—	—	—	—	—
Syphilis		—	—	—	—	—	—	—	—	—	—	—	—
Rickets		—	—	—	—	—	—	—	—	—	—	—	—
Suffocation (overlying)		—	—	—	—	—	—	—	—	—	—	—	—
Injury at birth		2	—	—	—	2	—	—	—	—	2	—	2
Atelectasis		3	—	—	—	3	—	—	—	—	3	—	3
Congenital defects		3	1	—	—	4	3	2	1	—	10	5	5
Premature birth		22	2	2	1	27	1	—	—	—	28	15	13
Atrophy, Debility and Marasmus		2	—	—	—	2	—	—	—	—	2	1	1
Other causes		1	—	1	—	2	2	2	—	2	8	6	2
Totals		33	4	5	1	43	20	12	10	11	96	44	52

(c) Child Welfare Clinics.

Centre	No. of Sessions	First Visits of Infants	Revisits of Infants	First Visits of Children 1—5 years	Re-Vi sits of Children 1—5 years
Greenesfield	99	448	2315	401	1694
Bensham	99	337	2925	182	981
Moore Street	48	227	1791	96	896
Low Fell	99	232	3209	378	1462
Victoria Road	50	154	1264	46	506
Wrekenton	25	52	383	53	221
Lobley Hill	51	83	813	59	490
Carr Hill	51	166	1474	66	543
	522	1699	14174	1281	6793

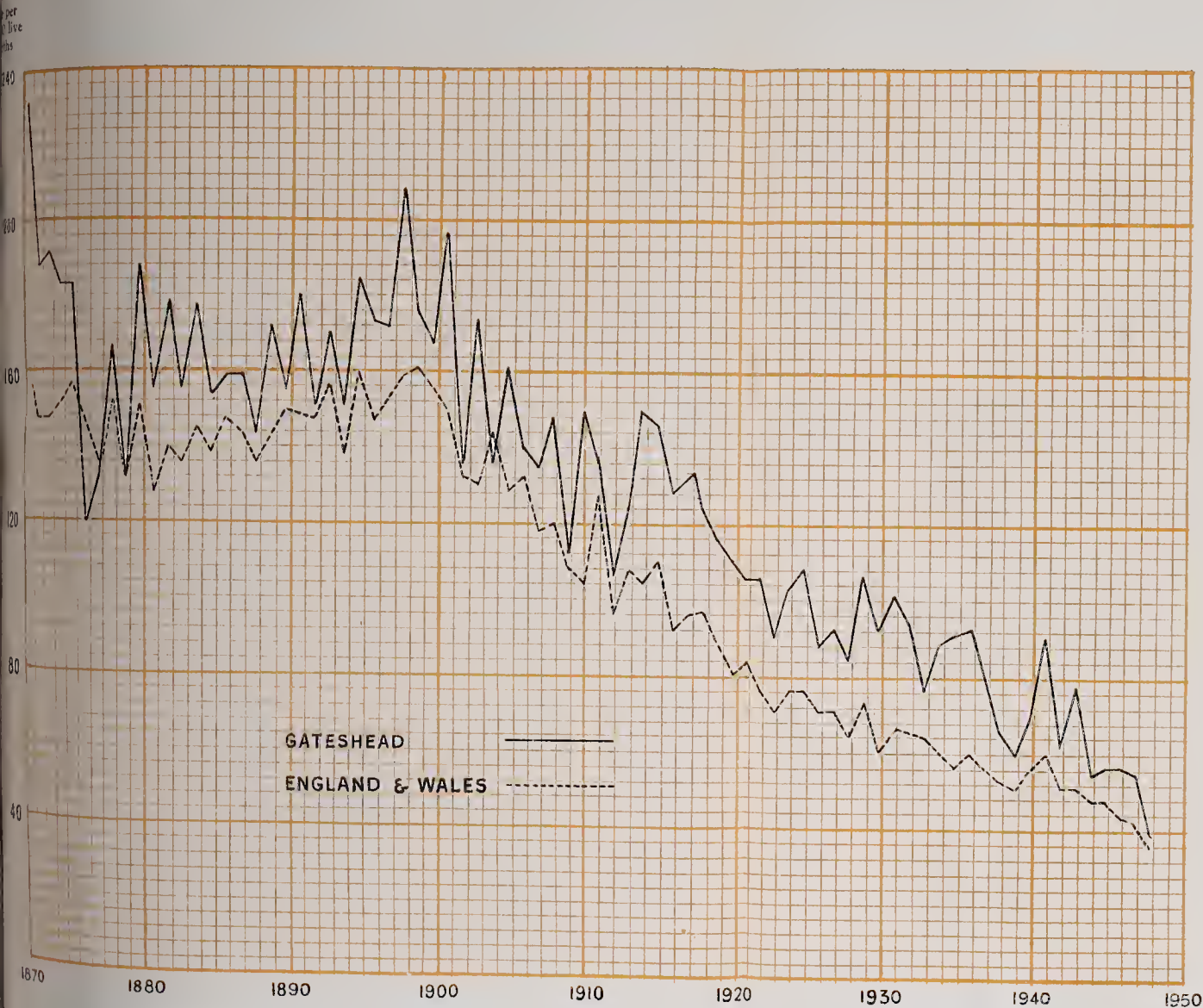
County Borough of Gateshead

INFANTILE MORTALITY per 1,000 live births

1871 - 1948

AVERAGE INFANTILE MORTALITY RATES

1871-1880	1881-1890	1891-1900	1901-1910	1911-1920	1921-1930	1931-1940	1941-1948
172	161	174	149	127	96	81	61



	<i>No. of Attendances</i>	<i>Average Attendance at Doctors' Sessions</i>	<i>Average Attendance at Nurses' Sessions</i>	<i>Infant Examina- tions by Medical Officer</i>	<i>Average No. of Consulta- tions per Session</i>
Greenesfield	4858	49.07	34.7	1932	20.01
Bensham	4425	50.1		1068	16.6
Moore Street	3010	62.75	40.5	913	20.75
Low Fell	5281	58.8		984	14.2
Victoria Road	1970	39.8		552	11.4
Wrekenton	711	28.4		264	11.0
Lobley Hill	1445	28.5		353	7.2
Carr Hill	2250	44.1		467	9.5
	23950	47.2	37.7	6533	14.6

Treatment.

During the year 604 children were referred to the minor ailments clinic, and made 2,092 attendances.

The conditions treated were as follows:—

Ringworm—Head	3	Conjunctivitis.....	39
Body	3	Keratitis and Corneal Ulcers	—
Scabies	23	Other Eye Conditions	48
Impetigo	41	Otitis Media	33
Septic Sores	12	Other Ear Conditions	5
Eczema and Dermatitis	16	Diphtheria Carriers	—
Other Skin Conditions	136	Other Defects	219
Blepharitis	17		

44 children were referred to the refraction clinic; the following are the particulars:—

No. of appointments made.....	44
No. of appointments kept	39
No. for whom spectacles were prescribed	28
No. who obtained spectacles to July 5th 12	

(d) Nursery Schools.

Bensham Nursery School and Prior Street and Brighton Avenue Nursery Classes continued to care for a number of children between the ages of 2 and 5 years.

Each school has on its register a full complement, namely, 80 in the case of Bensham and 30 in Prior Street and Brighton Avenue, there are large waiting lists for all three schools.

Priority admission was given to the children where the mother was employed or in ill-health.

A health visitor attended twice a week at Bensham and once a week at the nursery classes to treat minor ailments and one of the school medical officers made regular visits to examine the children medically.

(e) Day Nurseries.

The four nurseries, with a total of 290 places, were full all the year, and there are long waiting lists of children awaiting admission at each of them. The extension at Holy Trinity Nursery is being erected and it is hoped that it will be opened shortly.

All the nurseries are registered as training schools for the purpose of training students for the certificate of the National Nursery Examination Board. The children were examined medically and dentally at regular intervals. The following is a list of the infectious diseases which have occurred in all the nurseries during the year:—

Measles	91
Chickenpox	35
Mumps	26
Whooping Cough	25
Scarlet Fever.....	2

(f) Milk and other Food sold during 1948.

3,095 packets of dried milk, 960 half pounds of Virol, 412 half pounds of Numol, 343 pounds of Malt and Oil, 1,171 tins of Maltoline, 182 tins of Ovaltine, 675 jars of Vimaltol, 74 tins of Groats, 34 tins of Oatova, 28 packets of Barley and 24 pounds of Malt with Iron.

Receipts amounted to £653 10s. 6½d. against a cost of £653 10s. 6½d.

(g) Infant Life Protection.

(Public Health Act, 1936—206—220).

On January 1st, 1948, there were 8 children on the register, 7 males and 1 female. During the year, 4 additions were made to the register and 5 were removed from the register.

Reasons for removal from the register:—

Legally adopted	1
Returned to parents	2
Over age.....	1
Left the district	1
	<u>5</u>

At the end of the year there were 7 children on the register, 6 males and 1 female.

(h) Care of Premature Infants.

During the year, 169 premature infants were born to Gateshead mothers. The particulars were as follows:—

<i>Place of Birth</i>	<i>No. of Births</i>	<i>Death under 1 month</i>	<i>Death under 1 year</i>	<i>Alive</i>
At Home	62	9	5	48
Queen Elizabeth Hosp.	82	13	—	69
Bensham Hospital.....	14	—	1	13
Princess Mary Hospital	5	—	—	5
Nursing Home or other Hospital	6	—	—	6
	169	22	6	141

62 of these premature infants were born at home, and cots, blankets and hot water bottles were lent to the parents on several occasions and were a great help to them.

At the end of the year two premature baby nurses were appointed from the Municipal midwifery staff. One devotes her full time to the premature babies, while the other gives part of her time. In this way, much more attention can be given to the babies and it is hoped that there will be many more survivors. The health visitors also give a good deal of extra time to the premature babies.

(i) Care of Illegitimate Children.

There were 88 illegitimate live births in the Borough in 1948, 42 males and 46 females.

The following is a summary of the particulars of these:—

<i>Total No. of Children</i>	<i>Living with mother or near relative</i>	<i>Living with foster parents</i>	<i>Child adopted</i>	<i>Left the District</i>	<i>Dead</i>	<i>Children living with mother or near relative</i>	
						<i>Children well cared for in good home</i>	<i>Home con- ditions poor but child thriving</i>
88	76	1	4	6	1	68	8

There is one voluntary organisation for rescue and moral welfare in Gateshead, the St. Faith's Home, in which expectant mothers are received from various parts of the country.

These mothers attend the Borough antenatal clinic and arrangements are made for them to be confined in the Gateshead General Hospital at Bensham. Gateshead cases, dealt with by the same organisation, are received into St. Monica's Home at Bishop Auckland and some at Newcastle upon Tyne.

The illegitimate babies are visited by the health visitors;

It will be seen that in Gateshead a very large number of the illegitimate children remain with the mothers at home.

(j) Ophthalmia Neonatorum.

There were six cases notified during the year; five were sent into the Sheriff Hill Isolation Hospital, one was treated at home. The vision was unimpaired in all cases.

(k) Ultra-Violet Ray Therapy.

276 new cases and 282 old cases attended the clinic for treatment and made 3,037 attendances. They were treated for the following defects:—

Rickets
Anaemia
Debility and not gaining weight
Sub-normal nutrition

Bronchitis
Anorexia
Adenitis
Nasal catarrh
Urticaria

147 completed the treatment; 137 were improved, while 10 showed no improvement.

(1) Hospital Treatment for Ailing Children.

Children found at the welfare centres to be suffering from defects are sent to:—

The Children's Hospital, Gateshead.
The Children's Department of the Royal Victoria Infirmary.
The Queen Elizabeth Hospital, Gateshead.

During the year, 16 children were referred to the Queen Elizabeth Hospital for operation for enlarged tonsils and adenoids.

84 children were referred to the Gateshead Children's Hospital, for the following reasons:—

Phimosis	66
Tongue tied	5
Umbilical or inguinal hernia	6
Miscellaneous.....	7

17 children were sent to the Department of Child Health at the Royal Victoria Infirmary, Newcastle, for the following reasons:—

Naevus	6
Eye conditions	1
Digestive disturbances	3
Miscellaneous.....	7

(m) Adoption of Children Regulation Act, 1939.

The above Act, which came into operation in 1943, places certain duties on the Local Authority. Where a third party takes part in the adoption arrangements the Local Authority must be notified so that the proposed home and parents can be reported on. Similarly, registered adoption societies, although not under any compulsion, consult the Local Authority with regard to the calibre and home of the prospective parents. In 1948, 20 homes were visited and reported on in connection with the proposed adoption of a child. In 12 cases, the adopters and their homes were satisfactory. In 2 cases, the adopters were not considered suitable and in 3 cases the housing conditions were unsatisfactory. Two other presumptive adopters changed their minds after the visit of inspection. In one other case, the child was placed directly with an adopter through the agency of a third party, who did not notify the Local Authority.

After the 5th July, the onus of this work should have passed to the children's officer, but in the absence of such an officer, the health department continued to carry out the duties until the end of the year.

4. Midwifery Service.

(a) Midwives.

50 midwives notified their intention to practise midwifery in the Borough. They were distributed as follows:—

Municipal Midwives	12
District Nurses' Home	11
Private	2
Queen Elizabeth Hospital	14
Bensham Hospital....	9
Princess Mary Maternity Hospital	2

Routine visits were paid to those practising domiciliary midwifery and inspections made of their register of cases, temperature charts, antenatal records, bags and appliances. Midwives who had been in contact with infections all had their bags, appliances and clothing disinfected.

In July, Mrs. M. A. Bolam, one of the municipal midwifery staff, was appointed as supervisor of midwives. She took up her duties in October, when the work of this department was reorganised.

At the end of the year there were 11 full-time municipal midwives on the staff and one premature baby nurse.

At the District Nurses' Home, there were one assistant superintendent, 3 midwives, and 6 pupil midwives.

(b) Ante-natal Care.

Summary of Work at Clinics.

The following is a summary of the attendances at the various clinics:—

<i>Centre</i>	<i>No. of Sessions</i>	<i>No. of 1st Visits</i>	<i>No. of Revisits</i>	<i>Total Attendances</i>	<i>Average per Session</i>
Greenesfield	153	1229	3165	4394	28·7
District Nurses' Home	48	290	509	799	16·6
	201	1519	3674	5193	—

The following are the particulars of mothers who attended the clinic during the year:—

1018 live births.
 19 still births.
 6 miscarriages.
 9 left the district.
 21 not pregnant.
 313 were undelivered at the end of the year.

30 mothers were advised to consult their own doctors and 21 were sent to the Queen Elizabeth Hospital.

Blood was taken for routine Wassermann and Rhesus tests at the municipal clinics and at the Queen Elizabeth Hospital. In all, 2,012 specimens were tested and 8 women were found to have a positive Wassermann reaction.

(c) Maternal Welfare.

Maternal Mortality.

There were two deaths from conditions associated with pregnancy and parturition; this is one more than last year.

Analysis of the cases:—

<i>Case No.</i>	<i>Age</i>	<i>Midwife Attending</i>	<i>Doctor Attending</i>	<i>Booked Hospital Case</i>	<i>Removed to Hospital</i>	<i>Cause of Death</i>
1	28			Yes		I. (a) Peritonitis. (b) Volvulus (post-operative 7 days) II Pregnancy (baby a few days' old)
2	36	Yes			Yes	Pulmonary embolism

(d) Puerperal Pyrexia.

The following is an analysis of the cases notified under the regulations:—

<i>Case No.</i>	<i>Attendance</i>	<i>Removed to Hospital</i>	<i>End Result</i>	<i>Remarks</i>
1	Hospital	—	Died	Premature birth: X-ray of chest revealed miliary tuberculosis from which she died seven months later.
2	Hospital	—	Cured	Perineal laceration—cracked nipples: mastitis—13th day.
3	Hospital	—	Cured	Eclampsia: surgical induction: pyelitis. Forceps delivery: episiotomy.
4	Hospital	—	Cured	Normal delivery: rise of temperature 10th day: pyelitis.
5	Hospital	—	Cured	Breech presentation: lower segment Caesarean section: bronchitis.
6	Hospital	—	Cured	Forceps delivery: lacerated perineum: low grade peritonitis due to ascending infection.
7	Midwife	—	Cured	Normal delivery: 3rd day pain in abdomen: rise in temperature.
8	Hospital	—	Cured	Surgical induction: pyelitis.
9	Doctor	—	Cured	Normal delivery: pyrexia—10th day due to chest condition.
10	Midwife	—	Cured	Emergency case: normal confinement: temperature raised on 1st day.
11	Midwife	—	Cured	Normal confinement: abdominal pain 3rd week.
12	Midwife	Yes	Died	Delivered in hospital by Caesarean section. Died suddenly from pulmonary embolism.
13	Hospital	—	Cured	Forceps delivery: pyrexia 2nd day.
14	Hospital	—	Cured	Normal delivery: lacerated perineum: sutured: pyelitis and vulval abscess.
15	Midwife	Yes	Cured	Premature labour: rise of temperature 4th day.
16	Doctor	No	Cured	Manual removal of placenta: blood transfusion by “emergency squad”. Nursed by special nurse at home.
17	Hospital	—	Cured	Lacerated perineum: sutured: elevated temperature 11th day: left breast flushed.
18	Hospital	—	Cured	Prolonged labour: lacerated perineum: sutured: mastitis
19	Doctor	—	Cured	Lacerated perineum: sutured: manual removal of placenta: rise of temperature 3rd day.
20	Doctor	Yes	Cured	Forceps delivery: lacerated perineum: sutured: mastitis 18th day.
21	Hospital	—	Cured	Episiotomy: rise in temperature: sepsis in wound.
22	Midwife	No	Cured	Forceps delivery: ruptured perineum: sutured: rise of temperature on 9th day.
23	Hospital	—	Cured	Normal delivery: cracked nipples: mastitis 8th day.
24	Hospital	—	Cured	Episiotomy: mastitis 8th day.
25	Hospital	—	Cured	Prolonged labour: Transverse presentation: manual rotation—forceps delivery: episiotomy. Temperature rose 24 hours after delivery.

(e) Emergency Cases.

In 356 cases, where a doctor was not previously engaged, medical aid was called by the midwife for the mother, infant or both.

In 309 cases, the medical aid was for the mother for the following emergencies;—

	<i>Doctors called by</i>		
	<i>Municipal Midwives</i>	<i>D.N.A. Midwives</i>	<i>Other Midwives</i>
Lacerated perineum	66	83	—
Prolonged labour	23	18	—
Uterine inertia	8	—	—
Malpresentation	6	2	—
Ante-partum haemorrhage	9	6	—
Post-partum haemorrhage	5	2	—
Retained placenta	7	2	—
Abortion and threatened abortion	1	17	—
Premature labour	—	2	—
Obstructed labour	3	—	—
Puerperal pyrexia	6	15	—
Albuminuria	3	1	—
Toxaemia	1	3	—
Mastitis	3	1	—
Inflamed vein in leg	1	1	—
Severe pain in chest	—	1	—
Severe pain in side	1	—	—
Unsatisfactory condition of mother	4	—	—
Haemorrhoids	1	—	—
Diarrhoea and vomiting	1	—	—
Hysteria	2	1	—
Cyanosis	1	—	—
Emergency B.B.A.	1	—	—
Premature rupture of membranes ...	—	1	—
Totals	153	156	—

In 47 instances the medical aid was for the infant:—

	<i>Municipal Midwives</i>	<i>D.N.A. Midwives</i>	<i>Other Midwives</i>
Dangerous feebleness of infant	5	—	—
Discharging eyes	6	6	—
Spina bifida and Talipes.....	—	1	—
Jaundice	6	—	—
Premature Infants.....	5	2	—
Presistent vomiting	—	2	—
Difficulty in breathing.....	1	—	—
Injury to head	—	1	—
Facial paralysis	1	—	—
Congenital heart disease.....	1	—	—
Bleeding from cord	—	1	—
Tongue Tie	3	—	—
Discharging ears	—	1	—
Cyanosis.....	2	—	—
Hare lip and cleft palate	1	—	—
Malformation	1	—	—
Blisters	—	1	—
Totals	32	15	—

(f) Hospital Accommodation for Maternity Cases.

The local authority paid for the use of 5 beds in the Princess Mary Maternity Hospital until July 5th.

The following is a summary of the Gateshead cases admitted to this hospital during the year:—

Live births	28
Stillbirths	1
Toxaemia	1

Of the 29 births, 25 were delivered normally, 3 by Caesarean section, and 1 had a forceps delivery.

There were also 18 beds in the maternity ward of the Bensham General Hospital, and there were 337 births in 1948.

There were 796 births to Gateshead mothers in the maternity unit of the Queen Elizabeth Hospital.

(g) Nursing Home.

A nursing home, situated at Craigielea, Low Fell, is registered to take 8 maternity cases. During the year, 41 cases were delivered in the home. 28 of these were Gateshead patients.

(h) Assistance by Local Authority.

Consultant Aid for Emergency Cases.

During 1948, the local authority arrangements were used on 4 occasions the emergency team was called on 2 occasions.

(i) Midwifery Outfits.

Midwifery outfits containing clothing and bed linen necessary for both mother and infant are loaned out from the antenatal clinic.

During the year, 6 patients availed themselves of these outfits.

(j) Municipal Midwifery Scheme—(Midwives Act), 1936.

The following is a summary of the work done by the municipal midwives:

Midwife	No. of Cases		No. of Morning Visits	No. of Evening Visits	Ante-Natal Visits
	Attended as Midwife.	Attended as Mat. Nurse			
1	46	14	786	122	278
2	56	15	813	190	177
3	11	27	579	128	122
4	63	14	917	172	145
5	42	4	780	128	241
6	34	8	826	159	179
7	35	16	589	148	20
8	72	2	992	179	142
9	80	1	892	179	243
10	31	11	604	100	241
11	30	34	791	198	296
12	11	6	449	78	41
13	53	15	943	222	131
14	—	—	122	19	—
563		167	10083	2022	2256

The District Nurse Midwives are not booked individually, but take the cases in turn. The following is a summary of the work done by them:—

<i>No. of Cases</i>		<i>No. of Morning Visits</i>	<i>No. of Evening Visits</i>	<i>Ante-Natal Visits</i>
<i>Attended as Midwife</i>	<i>Attended as Maternity Nurse</i>			
317	107	4846	1473	1071

The following is a synopsis of the above cases:—

	<i>No. of Cases</i>	<i>Live Births</i>	<i>Still Births</i>	<i>Mis-carriages</i>	<i>Sent to Hospital</i>	<i>Maternal Deaths.</i>
Municipal Midwives	730	702	6	1	21	—
District Nurse Midwives	424	391	7	17	9	—
	1154	1093	13	18	30	—

There were 10 cases of puerperal pyrexia among the above.

In 356 cases, where a doctor was not previously engaged, medical aid was called by the municipal midwives or district nurse midwives, for the mother, infant or both.

The following is a statement of the fees payable before July 5th:—

	£	s.	d.
Cash sent to Borough Treasurer	969	9	6
Cash collected by Borough Treasurer's Department	291	18	6
Amount written off by Committee	37	2	6

(k) Post-Natal Clinic.

This clinic is held in the Greenesfield Health Centre on Friday afternoons; 52 sessions were held and 104 mothers attended for the first time and made a total of 316 attendances.

The following conditions were noted:—

Anaemia	22
Vaginal discharges	11
Cystocele	3
Rectocele	2
Sacro-iliac strain	1
Bronchitis	5
Dental caries	1

5. Health Visiting.

Work of Health Visitors.

Summary of Home Visits.

<i>Infants.</i>		<i>At Six Months.</i>	
Born at full term	2152	Breast fed	675
Prematurely	169	Partially breast fed	197
		Artificially fed	1298

Visits to Infants under 1 year:—

First visits after notification	2522
No. of revisits	8473
No. of stillbirths visited	61
Visits to children 1—5 years	15015

Visits to Expectant Mothers:—

First Visits	241
No. of revisits	6

Miscellaneous Visits:—

	<i>1st Visits</i>	<i>Revisits</i>	<i>Total</i>
Puerperal disease	1	—	1
Ophthalmia Neonatorum	8	6	14
Measles	—	—	1106
Dysentery	1	—	1
Pemphigus	1	—	1
Diarrhoea	3	3	6
Whooping Cough	—	—	278
Pneumonia	61	7	68
Scarlet Fever	—	—	—
Scabies	—	—	80
Midwives	—	—	1
Tuberculosis	9	3	12
German Measles	—	—	6
Poliomyelitis	—	—	4
Meningitis	—	—	18
Ineffective Visits	—	—	5928

The total number of visits by health visitors during the year was 33,842

Staff.

At the end of the year there were one superintendent health visitor, one senior health visitor, 13 district health visitors, 2 tuberculosis nurses, one school nurse and 3 auxiliary assistant nurses.

The number of health visitors is considerably below the standard which we hoped to attain. We are now taking part in a training course for health visitors held at Newcastle upon Tyne, and at present have two pupils in training.

6. Domestic Help.

At the beginning of the year, the staff consisted of 9 full-time home helps. There was a steady demand for their services and in July a supervisor was appointed as it was realised that this service would increase considerably with the new demands likely to be made on it. At the end of the year there were fifteen full-time helps and 6 part-time. Already at the time of writing this service is expanding with great rapidity.

The supervisor visits the homes before the helper goes, and maternity cases take priority over all others. The service has had to be extended to meet the needs of old people who are unable to care for themselves. This has caused a good deal of expansion in the service, as the old people usually require a full-time home help.

During the year, the services of the home helps were used on 282 occasions as follows:—

	<i>No. of Cases</i>
Midwifery	112
Acute illness	58
Chronic illness, old age and infirmity	112
	<hr/> 282 <hr/>

7. Home Nursing.

By arrangement with the Gateshead District Nursing Association and the Wrekenton and Springwell branch of the Durham County Nursing Association, a full service of home nursing was provided as from the appointed day, the corporation being responsible for the salaries and expenses of the district nurse concerned, except in the case of the nurse employed in Wrekenton, roughly half of whose salary is chargeable to the Local Authority.

The Gateshead District Nursing Association employs one superintendent nurse, one assistant superintendent nurse, six district nurses, one male and two female student district nurses, and one part-time V.A.D. nurse. These work from the Association nurses' home in Coatsworth Road, as do the midwives provided as part of the midwifery arrangements and the pupil midwives from the Queen Elizabeth Hospital who are doing their Part II training. The Wrekenton district nurse lives at 16, Tanfield Road, Wrekenton, and divides her time between the two parts of Wrekenton inside and outside the Borough respectively.

The following table gives the details of the work carried out by the respective nursing associations on behalf of the Borough:—

Home Nursing Service, 1948.

(From 5th July, 1948, to December 31st, 1948).

<i>Patients Nursed</i>	Gateshead District Nursing Association.							
	<i>Acute Illness</i>		<i>Maternity</i>		<i>Chronic Illness</i>		<i>Total</i>	
	<i>Cases Nursed</i>	<i>Visits</i>	<i>Cases Nursed</i>	<i>Visits</i>	<i>Cases Nursed</i>	<i>Visits</i>	<i>Cases Nursed</i>	<i>Visits</i>
No. on books at 5th July, 1948	37	—	8	—	155	—	200	—
No. nursed in								
July ...	92	548	59	619	176	2175	327	3342
August ...	119	628	48	640	161	1805	328	3073
September ...	113	753	51	712	161	1588	325	3053
October ...	73	559	44	646	191	1956	308	3161
November ...	92	753	48	662	190	1833	330	3248
December ...	108	886	48	699	202	2082	358	3667
No. on books at 31st Dec., 1948	41	—	19	—	167	—	227	—
Total cases nursed and visits paid during above period ...	389	4127	220	3978	326	11439	935	19544

	Wrekenton District Nursing Association.							
No. on books at 5th July, 1948	1	—	—	—	7	—	8	—
No. nursed in								
July ...	5	—	—	—	12	—	17	190
August ...	3	—	—	—	15	—	18	232
September ...	6	—	—	—	12	—	18	204
October ...	5	—	—	—	14	—	19	191
November ...	4	—	—	—	13	—	17	190
December ...	8	—	—	—	7	—	15	160
On books at 31st Dec., 1948	4	—	—	—	5	—	9	—
Total cases nursed and visits paid during above period ...	17	—	—	—	40	—	57	1167

8. Vaccination and Immunisation.

(a) Vaccination.

In the first six months of the year, 723 infants under one year of age and 6 children over one year were vaccinated by the Public Vaccinators. There were also two revaccinations of adults. Twenty-three certificates postponing vaccination were also received, while 431 statutory declarations of conscientious objection were intimated.

On July 5th, 1948, the Vaccination Acts were repealed and as a result vaccination has become an entirely voluntary procedure, similar to diphtheria immunisation.

After the appointed day, 284 vaccinations and 21 revaccinations were recorded as having been performed. These vaccinations included 272 infants under one year, 4 children under five years, and 8 persons over fifteen years. 21 revaccinations were of adults.

Out of 2,439 infants born in 1948, it would therefore appear that only 995, *i.e.* 41%, have been vaccinated. This figure might be somewhat erroneous due to medical practitioners withholding record cards in respect of vaccinations performed by them pending agreement on the fee to be paid by local authorities for the operation and record card. Nevertheless, it seems that the withdrawal of the compulsion of the Vaccination Acts has resulted in a great, if not alarming, reduction in the practice of infant vaccination within the Borough.

As already outlined, vaccination may be carried out, according to the wish of the parents, either by the family practitioners or by the local authority medical staff who conduct the infant welfare centres. If the former course is adopted, the practitioner must complete a record card for each child, and send it to the health department. On receipt of this card, payment will ultimately be made by the Local Authority in accordance with a nationally agreed fee.

In the public health department, a system has been commenced whereby a record card is completed for each child born within the year, and steps are taken to remind parents at the appropriate times by issuing leaflets explaining the necessity for vaccination and immunisation. In addition, the health visitors have been instructed in the case of the mothers of unvaccinated and non-immunised children to reinforce by personal persuasion the arguments of the leaflets and to supply all information as to the performance of these prophylactic measures.

From the information available in this department it does not appear that infant vaccination is regarded with any enthusiasm by the general public. Since 5th July, 128 of the vaccinations were carried out by the Local Authority medical staff in connection with the children brought to infant welfare centres, and the remaining 177 by thirty general practitioners. The number of vaccinations by individual general practitioners ranged from 26 down to 1, while the former public vaccinators have returned very low figures.

As far as can be ascertained from the work of the health visitors, the failure to secure infant vaccination is due to the parents being opposed to the procedure for very ill-defined reasons, or to laziness and apathy or a combination of all three. It may be early to prognosticate, but if the present state of matters continues, the child population of the town will be virtually unvaccinated, a most serious state of affairs should smallpox intrude itself. On the other hand, it must be remembered that most of the population above 20 years of age have been vaccinated and often revaccinated in connection with their service with the Forces.

No case of generalised vaccinia, post-vaccinal encephalo-myelitis or death from other complications of vaccination came to notice during 1948.

(b) Immunisation against Diphtheria.

The position in regard to immunisation against diphtheria is much more satisfactory than the foregoing picture. Altogether, in 1948, 1,575 children under 5 years and 562 children of school age, a total of 2,137,

completed a full course of immunisation against diphtheria, while 1,001 school children received a secondary "booster" injection to reinforce the basic immunity. The number of children under 5 represents approximately 64% of the children born in the area during 1948. 1,841 completed inoculations against diphtheria were carried out by the medical staff of the local authority and 296 records were received from general practitioners in respect of immunisations completed by them. As already explained, the number completed by general practitioners may be an understatement because of practitioners withholding the record cards pending the settlement of fees for the operation.

During 1948, diphtheria was non-epidemic with only 9 cases occurring in the children. The cases were all mild and without mortality, but 5 of the children had previously completed a full course of immunisation.

At the end of 1948, 3,683 (36%) pre-school children, out of 10,203 had been immunised, as also were 11,364 (65%) out of 17,449 school children, *i.e.* altogether 15,047 children (54%) were protected against diphtheria out of 27,652.

(c) Immunisation against Whooping Cough.

The arrangements for immunisation against whooping cough are on parallel lines to the arrangements for diphtheria prophylaxis, the alternatives being for the work to be completed at an infant welfare centre or by the family practitioner. In view of the uncertain position regarding the efficacy of whooping cough prophylaxis, the service is offered but without the compulsive propaganda associated with vaccination and immunisation. It is noteworthy, however, that 920 children were completely inoculated against whooping cough, and of these 536 were inoculated with the combined diphtheria and whooping cough alum precipitate prophylaxis. Of the total of 536 children simultaneously inoculated against both diseases, 451 were treated by local authority medical staff and 85 by general practitioners of the area, while of the 384 inoculated against whooping cough, the local authority staff were responsible for 341 cases.

9. Municipal Ambulance Service.

Gateshead has been fortunate in having maintained a comprehensive municipal ambulance service since 1944, when a garage block within the centralised hospital scheme at Sheriff Hill was made use of as the headquarters of the ambulance organisation. With each passing year, the demand on the ambulance service grew, to be met by an increase of staff and the provision of additional vehicles, including a sitting case car. Up to the appointed day under the National Health Service Act, the use of the ambulance service resulted in a charge being made against the user in accordance with his ability to pay. It was anticipated that the withdrawal of the specific charges for the use of the ambulance service would bring about a greatly increased demand and the duplication of the crew, so that in the Local Authority proposals, provision was made for a large increase of staff and the purchase of additional vehicles.

Since its inception, it has been recognised that the ambulance depot was inadequate for the growing number of vehicles and for the number of

personnel engaged in the municipal ambulance scheme. A new ambulance depot is therefore shortly to be built on ground adjoining the south-western area of the hospital site, after which the existing block will be used by the hospital committee as the engineers' workshop. At the end of the year, the plans of the new depot had been approved by the Ministry to provide accommodation which is satisfactory for present needs and capable of extension to house the maximum number of vehicles authorised in the Local Authority proposals.

Up to the appointed day, the Local Authority worked under an agreement with Durham County Council in respect of County cases receiving treatment within the Borough hospitals. This treatment in hospital included the necessary use of ambulance transport, which was paid for at a rate of 2/-d. per mile for an ambulance and 1/6d. per mile for a sitting-case car, subject to minimum charges of 10/-d. and 5/-d.

After the appointed day, the Local Authority continued to operate in the same manner pending the organisation of the Durham County Ambulance Service, which has gradually taken on the responsibility for the removal of cases from its own area.

Staff.

At the beginning of 1948, the ambulance service operated under an ambulance officer, who was assisted by 11 drivers. In view of the recommendations of the Minister of Health, it was agreed in advance of the appointed day, to increase gradually the personnel to the number envisaged in the Local Authority proposals, for these involved the duplication of the driver on each ambulance so as to provide the services of an attendant for all cases. Each member of the staff has therefore been called a driver/attendant, to indicate that he may function in either capacity as instructed by the ambulance officer. With the coming into force of the National Health Service Act, the staff was reorganised with an ambulance officer (Mr. W. Barber) in charge, a deputy ambulance officer (Mr. J. Nesbit), two senior ambulance officers (Messrs. H. Fletcher and P. Clarke), together with 18 driver/attendants, a grand total of 22. It is a condition of appointment that each member of the ambulance service should take a course of instruction in first aid and should keep himself up to date by refresher courses each year. These refresher courses have been organised in conjunction with the St. John Ambulance Organisation.

The siting of the ambulance service within the hospital scheme has enabled a midwife to accompany an ambulance on its outward and inward journeys to transport women in labour to the Queen Elizabeth Hospital maternity unit or to Bensham General Hospital. In the case of removals to other institutions no midwife is supplied, although if the patient should suffer from an obstetric emergency the midwife in attendance would accompany the patient to hospital. Nevertheless, in one removal of an obstetric emergency during the year, the driver/attendant had to act in the capacity of a midwife as the baby was born during the journey to hospital.

In connection with the isolation hospital, it is customary also for a nurse to accompany the ambulance to get the particulars and history of the patient.

Generally speaking, one ambulance with a fever compartment is reserved mainly for use in the removal of the infectious diseases and is disinfected after each journey by a formalin spray followed by exposure to the fresh air. Another ambulance is mainly set aside for the transport of women in labour, and carries the maternity appliances and dressings.

The utility van is used for the transport of bedding and materials to and from the disinfecting station, which is situated within the joint buildings of the hospital scheme.

At the beginning of the year 1948, the vehicles available consisted of five ambulances in commission, one ambulance undergoing replacement of the chassis, two sitting case cars and one utility van. During the year, orders were placed for two additional sitting case cars and for two new ambulances, while the work of replacing the chassis of the vehicle out of commission was expedited. At the end of the year, the service therefore consisted of five ambulances, three sitting case cars and one utility van.

There can be no doubt that since the appointed day, the demands on the ambulance service have increased to an extraordinary degree, so that one wonders how many sick people travelled to and from hospital before the days of the National Health Service Act. Yet the free service has been considerably abused, this principally taking the form of patients attending for out-patient treatment by a sitting case car, when they could manage, without any difficulty, to use public transport or even travel afoot. It has happened that patients have been taken to the Newcastle hospitals and have asked that the sitting case car should not wait to take them back, as they intended to do some shopping. The type of case included in this indictment is the patient requiring treatment or dressing for a disability involving the upper limbs. Another feature that crept in was the attendance of a larger number of the relatives or friends of the patient receiving out-patient treatment. A rule was therefore made that only one friend of the patient would be taken in the sitting case car or ambulance transporting a person for treatment, except in the case of parents of a young child, when both parents could be taken to the hospital on the child's admission. In the case of patients admitted to hospital during the day, the ambulance service has to refuse to transport the relatives back to their homes except in certain understandable circumstances. Difficulties with the admission departments of the large voluntary hospital in Newcastle necessitated considerable loss of time in waiting, but this was ultimately overcome as the Infirmary authorities improved their organisation.

The Local Authority ambulances were able to carry out long distance removals of patients upon request during the year. Some idea of the growth in the use of the ambulance service may be gained from the following table:—

A. Journeys within the Borough.				<i>Jan.-</i>	<i>July-</i>	<i>Total</i>
				<i>June</i>	<i>Dec.</i>	<i>1948</i>
Serving the Isolation Hospital ... ..	...	...	...	579	482	1061
Serving Whinney House Sanatorium ....	....	....	....	46	46	92
Serving Bensham Hospital and High Teams Institution				906	981	1887
Serving Queen Elizabeth Hospital ... ..	...	...	...	4797	6395	11192
Serving Gateshead Children's Hospital ... ..	...	...	...	56	78	134
				6384	7982	14366

				<i>Jan.- June</i>	<i>July- Dec.</i>	<i>Total 1948</i>
B. Journeys outside the Borough.						
Serving hospitals in Newcastle	...	...	...	1485	1738	3223
Serving other hospitals near the area	...	...	...	86	221	307
Serving distant sanatoria, etc.	...	...	...	55	45	100
				1626	2004	3630
C. Police Street Accidents Calls (chargeable to Watch Committee)						
				71	—	71
Total Ambulance journeys	...	...	...	8081	9986	18067
D. Disinfections						
	...	...	...	51	89	140
E. Inter-hospital Transport of nurses and supplies						
				793	627	1420
Inter-departmental transport of supplies	...	...	...	—	272	272
Summary.						
				<i>Journeys</i>	<i>Mileage</i>	
Ambulance Journeys	...	...	...	10037	47125	
Sitting-case car journeys	...	...	...	8030	49884	
Inter-hospital and inter-departmental transport	...	...	...	1692	7942	
Disinfections	...	...	...	140	751	
				19899	105702	
Petrol consumption (in gallons)	...	...	...	...	...	8145

Staff and Equipment as at 31st December, 1948.

- 1 Ambulance Officer.
- 1 Assistant Ambulance Officer.
- 2 Senior Ambulance Driver/Attendants.
- 18 Ambulance driver/attendants.
- 5 Ambulances.
- 3 Sitting case cars.
- 1 Utility van.

Journeys and Mileages completed since the inception of the Service.

					<i>Journeys</i>	<i>Miles</i>
1944	...	...	...	...	6,676	31,848
1945	...	...	...	...	10,463	53,080
1946	...	...	...	...	13,319	65,655
1947	...	...	...	...	16,969	79,979
1948	...	...	...	...	19,899	105,702

Cost of the Service in 1948.

The cost of the service is estimated to have been £10,372. An ambulance is twice as costly to run as a sitting case car, for each ambulance carries a crew of two, whereas the sitting case car has only a driver. It would appear, therefore, that the actual costs of running the ambulance averaged out at 2/10·6d. per mile and the cost of the sitting case car at 1/5·3d. per mile. These figures represent the “all-in” administrative costs.

Recruitment of Personnel.

The driver/attendants engaged in the Gateshead ambulance service have all been selected with great care, regard being paid to their physique

and qualifications in first aid and ambulance transport. All applicants for appointments are submitted to a searching test of their driving capabilities by the police traffic officer, and only those who secure more than 100 marks out of the possible 120 in the test are further considered.

Use of Sub-Depot.

In the original establishment of the municipal ambulance service, a temporary garage was built at the health department to house one vehicle with the intention of eliminating any delay in response to calls to accidents in the lower reaches of the town. This depot was coupled by telephone directly to the central ambulance station. Due to the shortage of ambulances, the use of the depot was abandoned as it was found almost as easy to keep all the vehicles at the central station. When the fleet becomes too large to house in the existing depot, the sub-depot will be recalled into action. The movement of the vehicles stationed in the sub-depot will, however, be strictly controlled by the central ambulance control.

10. Prevention of Illness, Care and After-Care.

The Local Authority proposals under this head dealt more particularly with tuberculosis and venereal diseases, together with the establishment of a central store of invalid aids.

(a) Tuberculosis.

Assistance to tuberculous patients under the Local Authority scheme, both prior to and after the appointed day, is summarised below:—

From 1st January, 1948—30th June, 1948.

People Assisted			Assistance Given			Referred to W.V.S.	Referred to Red Cross	Referred to S.S.A.F.A.
	Clothing	...	...	...	2	—	1	
	Shoes, boots, slippers	...	...	8	—	2	—	
	Pyjamas and underclothes			4	2	Jacket 1 Trousers 1		
	Pyjamas	...	...	10	1	—	—	—
	Underclothing	...	...	8	2	—	—	—
	Pair Blankets	...	...	8	—	—	—	—
	Bed and Bedding	...	...	5	—	—	—	—
	Nightdresses	...	...	1	—	—	—	—
	Suit, cardigan	...	...	1	—	—	—	—
	Mattress	...	...	1	—	—	—	—
	Sheets	...	...	1	—	—	—	—
Totals	43			47	7	4	1	

From 1st July, 1948—31st December, 1948.

Clothing and bedding.	Bed and bedding	...	24
	Clothing	...	40
	Pyjamas	...	15
	Shirts	...	3
	Slippers, shoes, boots	...	18
	Underclothing	...	12
	Blankets	...	15
	Mattresses	...	3
	Sheets	...	8
	Nightdress	...	1
	Dressing gowns	...	2

<i>People Assisted.</i>	<i>Assistance Given.</i>	
Invalid Aids.	Wireless battery ...	1
	Portable rubber urinal	1
	Bed pans	11
	Air rings	7
	Sorbo beds	2
	Child's cot	1
	Bed rests	2
	Rubber sheet	1
	Bedstead	1
Totals ...99		168

During the year, one case received the sum of £10 0s. 0d. from the R.A.F. Benevolent Fund towards the cost of removal expenses. A further case received the sum of £1 0s. 0d., which had to be paid to the Gas Company before the gas could be installed.

The invalid aids for the tuberculous are kept separate from the invalid aids supplied to cases of general illness and are disinfected immediately after they are returned prior to being issued to any new patients.

In connection with the welfare of tuberculous patients, the necessary liaison has been established with the Ministry of Labour District Rehabilitation Officer. In 1948, from the number of cases referred to him, 27 were placed with various firms in light employment.

There are no night sanatoria within the Borough, but it is understood that attempts are being made to establish a Remploy Factory on the Team Valley Trading Estate, wherein tuberculous patients will be able to work without subjecting their system to any adverse strain.

The scheme of tuberculosis allowances was terminated at the appointed day and replaced by the scheme of the Assistance Board. The transfer from the Local Authority to the northern area of the Assistance Board took place without any difficulty, and largely through the effective liaison established between the social welfare officer, who was administering the financial aspect of the tuberculosis allowance scheme, and the chief officer of the Assistance Board in the area, the invalid welfare officer has been able to secure a prompt adjustment in any new cases which arose in the latter half of the year.

The tuberculosis care committee meets monthly and approves the issue on loan of the necessary equipment. As the clinical tuberculosis officer, now employed by the Regional Hospital Board and the Local Authority in the proportion of 8/11ths and 3/11ths respectively, is a member of the Committee, no case escapes proper consideration. Through his employment with the Local Authority, too, the tuberculosis officer is able to bring influence to bear on the environment of his patients, with a view to preventing the further spread of the disease.

In connection with the relief of bad housing 93 tuberculous families were rehoused on the recommendation of the clinical tuberculosis officer. This figure represents 25 per cent of the houses let.

(b) Venereal Diseases.

A very close liaison was maintained in former years between the Joint Committee V.D. Clinic in Newcastle and the local health authority in regard to contact tracing, follow-up of defaulters and the provision of anti-syphilitic treatment for expectant mothers affected with this disease. When the Joint Committee Clinic passed to the Regional Hospital Board, every effort was made to maintain the pre-existent arrangements. It is therefore possible to give an account of the work done by the superintendent health visitor in 1948 as a whole year.

Contacts.

13 notifications of contacts in relation to 3 males and 10 females were received during the year. 3 females were not traced but the remainder submitted themselves for examination and necessary treatment.

Antenatal Cases.

Expectant mothers found at the municipal hospitals and antenatal clinics to have positive Wassermann test results were all referred to the clinic at Newcastle General Hospital, with the exception of two who refused treatment and one who removed from the area.

Defaulters.

73 cases of syphilis, 11 of gonorrhoea and 3 with dual infections, together with 10 cases of congenital syphilis defaulted from treatment. Altogether, 468 visits were paid to these in efforts to induce a return to the clinic. 7 of the patients with congenital syphilis were children. The efforts were successful in 85 cases, failure to re-attend the clinic being recorded for the following reasons:—obstinate refusal 3, unco-operative 4, domestic cares 5.

The follow-up of defaulters is most heart-breaking work, especially in regard to married women with families. Every sort of excuse is offered for their failure to continue with their treatment, and their attendances are often intermittent. The work done by the superintendent health visitor mainly refers to patients, whose attendance is not secured by follow-up letters from the clinic. Where children are involved, extreme pressure has to be exercised, as in one Gateshead case where recourse was had to the N.S.P.C.C. to compel the parents to take the child for further treatment.

(c) Invalid Aids.

Reference has already been made to the supply of invalid aids as part of the tuberculosis care scheme. There is also, however, provision for the loan of beds, bedding, wheel chairs, spinal carriages and lesser items of equipment to people requiring them in connection with the home nursing of illness. A central invalid aid store has been established in an old army hut within the grounds of Greenesfield House, and the tuberculosis dispensary clerk acts as the invalid welfare officer dealing with applications for the supply of the necessary requisites. The scheme actually got under way on the 1st November, 1948, and during the last two months of the year the following assistance was given to 29 patients nursed at home:—

Bed rests	...	...	...14
Bed pans	...	...	...15
Bed cage	...	...	... 1
Sponge bed	...	...	... 1
Sponge rubber rings		...	... 4
Rubber sheets	...	...	... 4
Sponge bed with cover		...	... 1
Hot water bottles	...	...	... 2
Male urinals	...	...	... 2

(d) General Remarks.

The whole scheme for the prevention, care and after-care of illness is still in its infancy. Clearly, some liaison will have to be established with the hospitals on the one hand and the general practitioners on the other, so that the Local Authority will be in a position to fill in gaps in the treatment of persons suffering from acute and chronic illnesses. In some areas, the health visiting service has been associated with the after-care of diabetics and peptic ulcer patients. So far this type of provision has not been established. The relation of the aged and infirm people, who are properly the responsibility of the local welfare committee, to the health visiting and mental care service also requires clarification. There is no doubt that in many instances the patients could do fairly well at home provided they had early recourse to the home nursing and help services. An effective service of this kind would minimise the demands for hostel and hospital accommodation.

The welfare of handicapped persons is also a function administered by the local welfare services committee, which covers a number of children known to be handicapped during school life and treated by special educational methods. Such patients as the epileptics, the dull and backward, the asthmatics and patients with similar defects require all the agencies available, municipal and national, to be concentrated with the aim of improving their state.

Treatment of Convalescence.

After the appointed day, considerable ambiguity developed as to the responsibility for providing treatment in institutions for convalescence. A first impression was that convalescent home treatment would be entirely a function for the Regional Hospital Board, but it was laid down that convalescent treatment, *i.e.* a continuation of hospital treatment, was the Board's responsibility, while it was the responsibility of the Local Authority under Part III of the Act to furnish any necessary residential care of the kind required after recovery from debilitating illness, *i.e.* holiday home treatment. The Local Authority, in exercising its function to provide holiday home care, is entitled to recover from the patient the cost of such care in accordance with the means of the patient. In the northern region there is a considerable shortage both of accommodation affording treatment and of accommodation of the holiday home type. At the end of the year, little progress had been made in solving this problem and no patients were sent by the Local Authority for holiday home treatment.

Recovery of Costs.

The Council ruled that Part III facilities should, in general, be free of specific charges, save for the provision of "articles", which include such

things as meals in nurseries. Charges are made, however, for the home help service and for the provision of holiday home treatment in accordance with a scale which was still under discussion at the end of the year. Broadly, it is the intention to follow the general policy of the A.M.C., but with modifications designed to suit the local circumstances and bear less hardly on the lower wage earning groups.

11. Mental Health Services.

(a) Administration.

The care of the mentally sick and of the mentally defective has been subject to very drastic alteration during the year under review. Formerly, mentally ill patients were either treated privately or handled under the machinery of Public Assistance, the actual work being done by the relieving officers. When any case was received into an Institution, there was therefore a direct or indirect liability for the fees on the nearest relative of the patient. The local mental hospital mainly concerned, St. Mary's, Stannington, was managed by the statutory mental hospital visiting committee of the local authority, but a number of mentally affected persons had also been admitted to the High Teams Public Assistance Institution under various interim Orders, and it was well known that many of these patients dealt with originally as persons of unsound mind had remained in the Institution, although they were perfectly free, so far as the law was concerned, to leave at any time. A proportion of these individuals were actually mental defectives rather than mental patients.

The Local Authority normally ascertains the presence of feeble-mindedness or imbecility in a young person through the school health service. Upon completion of certain statutory procedures, ineducable mental defectives of any age and educable defectives over school age are transferred to the care of the mental deficiency committee of the local authority, which employed a mental deficiency officer (part-time) for their care. A large number of these defectives were under statutory supervision at home and occasionally under guardianship, because of the great inadequacy of institutional accommodation for the mental defectives. Little more than supervision was done on their behalf. In these circumstances, it often happened when difficulties occurred, that mental defectives were taken to the High Teams Institution as a "place of safety", pending the finding of appropriate accommodation. As it was so difficult to secure the proper accommodation for them, there has gradually accumulated in High Teams Institution (which was actually approved for the reception of 24 low grade defectives—20 females and 4 males), a considerable number of defectives who had in the past been admitted in circumstances of emergency.

The effect of the National Health Service Act in the transfer of the mental hospitals and institutions for the care of mental defectives has been to free these of specific charges in respect of inmates and to pool the accommodation for the needs of the region. Simultaneously, the abolition of the Poor Law and the new onus laid on the local authority statutory health committee under Part III of the National Health Service Act, has brought about a great change in local administration,

First of all, the local authority had to draft proposals for the care of mentally ill and mentally defective persons in their area, those for the former being related to their removal to hospital and their after-care, and those for the latter being related to ascertainment and general welfare on "licence" from institutions. As both mental hospitals and mental deficiency institutions usually employ their own trained workers for the purpose of after-care, and psychiatric clinics are held locally by the hospital authorities, it follows that any administrative scheme demands a full link-up between the Regional Hospital Board, the management committees, and the local authorities.

In formulating the proposals, a mental health services sub-committee of the statutory health committee was established with representation from the health, mental deficiency, mental hospital visiting and social welfare committees. The proposals having been approved, the committee responsible for drafting these became the first mental health services sub-committee of the health committee. The constitution was as follows:—

Chairman: Ald. P. S. Hancock, O.B.E.

Vice-Chairman: Coun. J. T. Etherington.

Ald. S. G. B. Tyrrell.	Coun. S. A. Heppell.
Coun. A. Crossley.	„ Mrs. M. Bell.
„ Mrs. E. A. Hardy.	„ J. W. Roberts.
„ J. A. Hutchison.	„ B. N. Young.
Coun. Mrs. A. Hutchison.	

The staff recruited for the mental health service consists of three male and one female duly authorised officers. One officer (Mr. F. Askew) has been designated the senior and placed in charge of the work. Two of the officers, including the senior, are relieving officers of considerable experience, a third is the former mental deficiency officer, and a fourth was appointed in the person of an experienced mental nurse, who had held appointments as ward sister in a mental hospital. Efforts to engage a psychiatric social worker failed.

The proposals of the local authority specifically implied that with the consent of the Regional Hospital Board, Dr. C. M. Ross, the Deputy Medical Superintendent of the St. Mary's Hospital, Stannington, would act in the capacity of medical adviser to the Medical Officer of Health for a proportion of his time. Dr. Ross is also psychiatrist to the child guidance clinic of the local education authority, and it was thought that this appointment would link up satisfactorily the local mental health services with the regional board institutions which dealt with the patients of unsound mind. Although Dr. Ross was available for consultation he did not have the time to act in the capacity indicated, so that the bulk of the medical administration of the local mental health service fell to the Medical Officer of Health.

As there is no occupation centre as yet in Gateshead, no other staff are employed in the mental health work.

Although it is early to speak of co-ordination with the regional hospital boards and hospital management committees, there is a good deal to be done to bring about a satisfactory liaison along the lines of the joint use of

officers for the health services of the boards and for the local authority services. The position of Dr. Ross has already been referred to. On the other hand, the liaison which was established long before the appointed day between the local mental deficiency institution and the mental deficiency officer has continued in the new service. Accordingly, the duly authorised officers do supervise the patients who are on "licence" from the mental deficiency institution; they do not, however, supervise patients who are on "trial" or on "licence" from mental hospitals, except at the request of the hospital officers, who it must be remembered have a psychiatric social worker, Miss Williams, employed specifically for this purpose. Moreover, the former Gateshead mental hospital staff are responsible for a psychiatric clinic at the Royal Victoria Infirmary, Newcastle, and also for a similar clinic more recently established at the Queen Elizabeth Hospital, Gateshead.

These arrangements, therefore, cover the patients who have been discharged from local hospitals, but there remains the patients who have been looked after by the National Association for Mental Health, as part of a national scheme for the care of servicemen who have had mental breakdowns. The local authority considered this question and decided to make use of the National Association for Mental Health to the extent of half the time of a psychiatric social worker. It would appear that this psychiatric social worker should also be brought into service for the after-care of patients discharged from the St. Mary's Hospital, Stannington. The position at the end of the year still required some clarification.

So far as the duly authorised officers were concerned, the health committee sent the senior and one other to a three-weeks' course of instruction in their duties at the King's College of the University of Durham, and approved that the remaining two officers should be sent to the course held early in 1949.

(b) Work undertaken in 1948.

Under section 28 of the National Health Service Act, very little can be achieved by the duly authorised officers of the local authority in respect of persons with mental illnesses inasmuch as most of the patients are referred directly by the doctors to the psychiatric clinic or alternatively come under notice because of a mental breakdown. When a definite breakdown has become obvious the duly authorised officers are brought into touch with the patient by the practitioner in attendance, and thereafter it becomes their responsibility to arrange for the certification and removal to the suitable mental hospital, which, for Gateshead, normally means St. Mary's Hospital, Stannington. For the purpose of this work, each of the authorised officers is on the telephone and the times of duty are so regulated that there is always at least two officers available to handle any emergency case.

After discharge from a mental hospital, in the case of a mental patient, or while on "licence" from a mental deficiency institution, the duly authorised officers have continued to keep up a degree of supervision on the activities of the patient, intervening with advice on their care, and reporting to the hospital or institution authorities such facts or circumstances as come to their notice.

The great problem of the area is, however, the number of mentally defective persons who are at present in their own homes, never having had any institutional care or treatment. These are visited regularly, but probably not as frequently as they ought to be. For many of them, the provision of an occupation centre would be a great blessing, if not an actual necessity, relieving the parents and relatives for some part of the day of a burden that sometimes becomes unbearable, besides doing something to keep the mind of the defective occupied.

As a matter of principle, the local authority has decided to collaborate with Newcastle City Council in the provision of occupation centres, but it is very difficult to find suitable buildings in suitable places. The question of public transport in this area makes it necessary for an occupation centre to be convenient to one of the main roads within the Borough along which public service vehicles ply.

Mental Illness.

Under the Lunacy and Mental Treatment Acts, 327 persons (179 males and 148 females) were in-patients of St. Mary's Hospital, Stannington, on the 5th July, 1948. From that date to the end of the year, 131 patients were dealt with by the duly authorised officers. Of these, 39 were admitted as voluntary patients, 30 were certified under the Lunacy Acts, 2 were admitted as cases needing urgent attention to the same institution and 3 were admitted to Bensham General Hospital. One of the latter was subsequently certified and detained in St. Mary's Hospital under a summary reception order. 57 other cases of mental illness were investigated but no legal action was taken to bring about the detention of the patient.

Work under the Mental Deficiency Acts.

It is possible to make a report of the position regarding mental deficiency covering the whole year, during which 12 new cases (7 males and 5 females) were ascertained under the above Acts. All of these were recommended for institutional care, but unfortunately it was not possible to obtain this for more than half the number. The remaining patients were put under statutory supervision.

During the year, the following were admitted to institutions for the mentally defective:—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Under 16 years of age	1	1	2
Over 16 years of age	3	1	4
	4	2	6

At the end of the year, the position in relation to the defectives in the area is given in the table below:—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
In Certified Institutions:—			
Under 16 years of age	8	8	16
Over 16 years of age	70	72	142
	78	80	158
On licence from Institutions	9	4	13
Under guardianship	6	5	11
Under Statutory Supervision	67	69	136
In Institutions—uncertified	5	5	10
Awaiting Institutional Care	18	24	42

A further 5 defectives (3 females and 2 males) belonging to Gateshead are inmates of Rampton State Institution, and 1 female is an inmate of Moss Side Institution.

Reference to the table makes it clear there are no fewer than 178 defectives in the community for whom very little is being done save the visits of the authorised officers. Undoubtedly, a large proportion of this number would be suitably catered for by an occupation centre.

Transport of Patients.

Although the ambulance service of the local authority is available for the removal of mental patients, it has been found much more convenient to hire a car from the transport department of the local authority to remove patients to both mental hospitals and institutions for the mentally defective. For one thing, the ambulance service was under such great pressure that it could not afford the long periods of waiting at the mental hospitals. Another reason for the adoption of ordinary transport is the comparative ease of removing patients in whose case the appearance of an ambulance might produce alarm and disturbance. Should, however, any patient require an ambulance rather than the sitting-case car transport, the ambulance vehicles are available with an attendant. In the removal of patients to institutions, the presence of the female authorised officer accompanying females is to be taken for granted.

12. Priority Dental Services.

Report of the Senior Dental Officer.

Greenesfield Health Centre—A local authority clinic containing medical and dental treatment centres for school children and maternity and child welfare patients.

Queen Elizabeth Hospital— A 34-bedded maternity hospital with its own antenatal clinics, associated with the Queen Elizabeth General Hospital.
(Maternity unit)

(1) Maternity and Child Welfare.

During the year under review, the Authority's dental services provided complete treatment for all expectant and nursing mothers, and children under 5, who attended the Greenesfield Health Centre, the hospital maternity unit, or the welfare centres, nursery school and classes.

Up to 5th July, expectant and nursing mothers requiring dental treatment were referred to the dental officers by the medical officers at the initial medical examination of the patient. This was the practice both at Greenesfield Health Centre and at the Queen Elizabeth Hospital maternity unit.

From July 5th onwards, in accordance with Circular 118/47, all new antenatal patients at both places were subjected to a dental inspection by a dental officer at the antenatal clinics.

This inspection had to be withdrawn at the Greenesfield Health Centre on 31st October, 1948, owing to resignations of staff. The inspection at the Queen Elizabeth Hospital maternity unit is still carried out, as it is combined with a session at the General Department of the Hospital.

Children under five are referred to the dental clinic when requiring treatment by the medical officers and health visitors at the welfare centres. In addition, the day nurseries, nursery classes and nursery schools are inspected by the dental officers.

Facilities for all types of treatment, including hospitalization where necessary, are accorded to patients. Extensive use is made of general anaesthesia, and dentures are provided for expectant and nursing mothers. Up to October, dentures were constructed by outside mechanics at contract rates, but in October the Authority opened its own dental laboratory at Greenesfield Health Centre.

Patients attending the Queen Elizabeth Hospital maternity unit antenatal clinics have their extractions completed at the Queen Elizabeth General Hospital, and then attend Greenesfield Health Centre for any dentures or conservative treatment required.

The number of patients desiring treatment increased after July 5th. Compulsory dental inspection of expectant mothers showed a large proportion to be in need of treatment, and a waiting list developed. Resignations of staff also held up treatment, the number of dental officers being reduced by 50% at the close of the year.

Since July 5th, the following information is supplied in connection with dental inspections:—

Greenesfield Health Centre.

No. of expectant mothers inspected from 5th July, 1948, to 31st Oct., 1948	392
No. of expectant mothers needing treatment	283 (72%)

Queen Elizabeth Hospital (Maternity Unit).

No. of expectant mothers inspected from 5th July, 1948, to 31st Dec., 1948	394
No. of expectant mothers needing treatment	311 (78%)

Generally speaking, of the patients examined, oral hygiene was neglected. Approximately 75% of antenatal patients inspected need dental treatment. A good response to offers of treatment is shown, particularly when reasonable facilities for treatment are available. The intake of new patients is, of course, limited by the set amount of time the dental officers can allow for health service patients.

A detailed table of all treatment carried out for expectant and nursing mothers and children under 5 is appended.

SUMMARY OF DENTAL TREATMENT FOR MATERNITY AND CHILD WELFARE PATIENTS, YEAR 1948.

	Exam- ined	Need- ing treat- ment	Treated	Made fit	Extractions		Atten- dances	Fill- ings	Scal- ings	Other opera- tions	Im- press- ions	Bites	Try-ins	Den- tures fitted	Den- tures repaired	Gen. anaes- thetic	Sur- gical Extrac- tions	Alveo- lectomy
					Local	General												
Expectant mothers at (Greenesfield Clinic)	474	365	309	288	54	1201	629	124	69	23	91	89	117	83	6	134	—	4
Expectant mothers at (Queen Elizabeth Hospital Maternity Unit) ...	436	353	138	107	1	786	138	(This treatment is included in above figures)										—
Nursing mothers at (Greenesfield Clinic) ...	153	148	140	123	211	866	787	41	39	154	217	185	239	213	10	73	3	—
Total ...	1063	866	587	518	266	2853	1554	165	108	177	308	274	356	296	16	207	3	4
Children under 5 years (at Greenesfield Clinic) (also in- cludes inspections of nursery schools, etc.	363	238	231	227	4	702	243	15	—	2	—	—	—	—	—	227	—	—
GRAND TOTAL ...	1426	1104	818	745	270	3555	1797	180	108	179	308	274	356	296	16	434	3	4

(2) Other classes of Patient.

During the first half of the year, the Authority's dental officers were responsible for dental treatment of expectant and nursing mothers, children under five years, social welfare, blind welfare, and tuberculous patients, the police force, and dental treatment in the Authority's hospitals.

One third of each dental officer's time was allotted to these duties, the remaining two-thirds being devoted to the school dental service.

Four dental officers were employed at the commencement of the year, two resigning towards the end of the year, which closed with the number of dental officers reduced by half.

After 5th July, the Authority's dental officers ceased to be responsible for treating police, social welfare and blind welfare patients. The Regional Hospital Board, by arrangement, retained the services of a local authority dental officer for the hospitals which were handed over on the appointed day. Thus, at the end of the year, the Local Authority carried out treatment for maternity and child welfare patients and tuberculosis patients.

Details of treatment carried out for the first six months of the year for the appropriate classes are appended.

First half of year only.

Whole year

SUMMARY OF DENTAL TREATMENT, OTHER CLASSES OF PATIENTS, YEAR 1948.

	Inspected	Treated	Extractions		Attendances	Fillings	Scalings	Other operations	Impressions	Bites	Try-ins	Dentures fitted	Splints fitted	Dentures repaired	General anaesthetics	Temporary fillings	Surgical extractions & cysts etc.	Inlays fitted
			Local	General														
Bensham General Hospital ...	123	47	48	39	—	—	4	3	—	—	—	—	—	6	—	—	—	—
Queen Elizabeth General and Sheriff Hill Isolation Hospitals...	189	68	2	292	—	15	1	12	3	3	3	3	—	—	—	8	4	—
Whinney House Hospital ...	5	5	43	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ...	317	120	93	331	—	15	5	15	3	3	3	3	—	6	—	8	4	—
Social Welfare Patients ...	19	19	6	83	60	—	—	—	12	12	12	9	—	—	5	—	—	—
Blind Welfare Patients ...	4	4	1	16	17	—	—	—	6	6	6	6	—	—	—	—	—	—
Police ...	13	13	10	—	49	10	4	—	9	9	9	9	—	2	—	—	1	1
Tuberculosis Patients	19	19	40	8	48	2	—	—	12	12	13	11	—	—	1	—	—	—
Grand Total ...	372	175	150	438	174	27	9	15	42	42	43	38	—	8	6	8	5	1

13. Orthopaedic Treatment.

Prior to the appointed day the local authority had a comprehensive orthopaedic scheme embracing treatment of pre-school and school children at an out-patient clinic in Greenesfield Health Centre, together with in-patient treatment at the Queen Elizabeth Hospital. Included within the scheme were adult patients with bone and joint tuberculosis who belonged to Gateshead and Newcastle and who were treated in a ward set apart in the isolation hospital. All these cases were under the care of Mr. J. K. Stanger, whose relation was directly with the Local Authority until the 5th July. After that date, Mr. Stanger was under nominal contract with the Regional Hospital Board to continue the same service, which, however, was modified under the National Health Service Act to embrace the provision of orthopaedic appliances free of charge through the agency of the Regional Hospital Board and its arrangement with the Ministry of Pensions.

I append herewith the covering letter of Mr. Stanger and his report on the work of the orthopaedic service in 1948:—

Report by J. K. Stanger, Esq., F.R.C.S.

“Orthopaedic work has been continued during last year at the Greenesfield Health Centre, at the Queen Elizabeth Hospital, and in Ward III of the Isolation Hospital, where tuberculous diseases of bones and joints have been treated.

The total number of out-patient consultations has been 463; and while it gives little indication of the total work in this section, 55 major, and many minor operations have been performed. The amount of traumatic surgery (fractures and other conditions caused by accident) is increasing at the Queen Elizabeth Hospital, and I have been able to give help in consultation with the other surgeons where it has been necessary”.

Greenesfield Health Centre.

16 orthopaedic clinics were held in the Greenesfield Health Centre during 1948.

New Cases.

92 new cases were examined; of these 54 were school children, 35 were children under school age, and 3 were cases of orthopaedic tuberculosis.

Cases already under treatment.

In addition, 95 old cases made 135 visits to the orthopaedic clinic. Of these, 55 were school children who made 82 visits; 33 were children under school age who made 42 visits; 7 were tuberculosis cases who made 11 visits.

Summary of Defects.

The following represents a summary of patients suffering from orthopaedic defects who have attended during the year:—

Congenital Defects.

	<i>New Cases</i>	<i>Old Cases</i>
Bosses on Heels	—	1
Congenital dislocation of hips	—	2
Congenital dislocation of shoulders	—	1
Erb's Palsy.....	2	3
Multiple defects of hands and feet	6	—
Sternomastoid tumour	1	—
Talipes	5	6
Torticollis	—	2
Sprengel's deformity	1	—
	—	—
	15	15
	—	—

Deformities of Feet.

Flat feet	26	26
Hallux Valgus	1	—
Metatarsus Adductus	3	1
Varus toes	3	—
	—	—
	33	27
	—	—

Diseases of Bones and Joints.

Kohler's disease	—	—
Osteomyelitis	—	—
Perthe's disease	2	4
Schlatter's disease.....	1	—
T.B. of joints.....	3	7
T.B. Synovitis	—	1
	—	—
	6	12
	—	—

Nervous Diseases.

Hemiplegia	—	3
Peripheral neuritis.....	—	—
Sequelae to Infantile Paralysis	1	5
	—	—
	1	8
	—	—

Postural Defects.

Scoliosis	5	1
	—	—

Rickets and Post-rachitic deformities.

Bow legs.....	2	1
Knock knees	16	24
Rickets (Renal).....	—	1
	—	—
	18	26
	—	—

Miscellaneous.

Amputations	—	2
Defects in walking	3	—
Ganglion	1	—
Traumatic injuries	4	1
Asymmetry of face and chest	1	—
Osteogenesis imperfecta	—	1
Semimembranosus bursa	1	—
Volkman's contracture	—	1
N.A.D.	7	1
	—	—
	17	6
	—	—

Treatments.

15 children were recommended operations; 11 operations were performed at Queen Elizabeth Hospital.

Removal of ganglion	...	...	1
Osteotomy of foot	...	...	1
Removal of extra finger	...	...	1
Semimembranosus bursa	...	...	1
Resection of bifid thumb	...	...	1
Tendo achilles lengthening	...	...	2
Muscle transplant	...	...	1
Division of trapezius	...	...	1
Amputation of great toe	...	...	1
Removal of piece of plantar fascia	...	...	1

Appliances.

19 school children were recommended appliances, 11 were supplied.

10 pre-school children were recommended appliances and 9 were supplied.

3 T.B. children were recommended appliances and 3 were supplied.

290 pairs shoes recommended valgus wedges; 280 supplied.

Physical Treatments.

	<i>No. of Patients</i>	<i>No. of Treatments</i>
Chests	65	1,941
Erb's Palsy	3	23
Flat Feet	264	2932
Fractures	13	86
Hemiplegia	2	38
Infantile paralysis	8	145
T.B. hip	1	11
Scoliosis	24	326
Sternomastoid tumour	3	28
Talipes	2	3
Burns	1	23
Knock knees	1	1
Synovitis	1	2
Renal rickets	1	3
T.B. spine	1	1
Diplegia	1	8
Sciatica	1	14
Sprains	1	2

Completion of Treatment.

The following categories were discharged from treatment:—

Pre-school children	56
School children	516
	<hr/>
	572

Flat Feet Clinics.

In addition to the above, 6 flat feet clinics were held by Dr. Pratt and the Physiotherapist, at which 153 patients were seen.

C. Local Executive Council Service.

(Part IV of the National Health Service Act).

Through the courtesy of Mr. K. N. Ogden, the Secretary of the Local Executive Council, I have been provided with most of the following information:—

(1) General Medical Service.

Of the town's population of 115,100, 112,492 (98%) were on doctors' lists at the end of 1948. Altogether 77 practitioners had undertaken service. Of the 42 practitioners with surgeries within the County Borough, 38 were in practice as principals or partners, while 15 Newcastle practitioners and 20 practitioners resident in Durham County were also on the list of the Gateshead Executive Council. On perusal, it would appear that roughly 40 of the doctors have a considerable practice within the area, as judged by the experience of the health department. The official arrangements limit the number of patients on a single doctor's list to 4,000, a number which is increased proportionately according to the number of partners in a practice. The single-handed doctor working with an assistant is permitted 6,400 patients. In several practices, the number of patients was in excess of these limits and action is being taken to bring the numbers within the prescribed limits, by encouraging the appointment of assistants. 48 of the doctors on the Executive Council list have also undertaken to furnish a domiciliary maternity medical service under the Act.

The costs of the medical services in the area from the appointed day, 5th July, 1948, to the end of the year were as follows:—

	£	s.	d.
General medical services (exclusive of superannuation) ...	437	18	10
Maternity ...	467	13	7

The latter figure by no means represents the amount of maternity carried out by general practitioners, for a great number of the confinements in the area were already booked to midwives at the appointed day, so that the tendency of this figure will be to increase markedly after the end of the year.

As things stand, the Local Executive Council arrangements for domiciliary midwifery are somewhat in competition with the Local Authority's midwifery arrangements, the difference being that under the Executive Council the doctor is booked and the midwife, who may act as a maternity nurse or a midwife, is supplied by the Local Authority. Under the Local Authority arrangements, the midwife attends as a midwife except on the occurrence of any emergency, when she is bound to call in the help of a practitioner on the special list. The practitioner is then paid by the Local Authority for any necessary attendance. In these arrangements, there is inherent the possibility of some disharmony and jealousy between the midwives and the general practitioners and there may even be overlapping as may occur when a woman who has already booked a midwife decides to book a practitioner as well. The practitioners who have been put on the list of general practitioner obstetricians are subject to scrutiny by a local obstetric committee on which the Medical Officer of Health is represented. It would be idle to pretend that this is a popular or ideal machinery for the assessment of the obstetric capabilities of the general practitioners.

(2) Pharmaceutical Service.

22 pharmaceutical firms involving 28 branch pharmacies were also under agreement with the Local Executive Council to dispense medicines, drugs and scheduled appliances. The cost of this service for the last six months of the year was £19,938 16s. 7d., while an additional £125 7s. 6d. was paid in respect of pharmacies being open for an extra hour at night.

(3) Dental Service.

16 dental practitioners, all residing within the Borough, undertook to provide dental treatment and appliances and at the end of the year the cost of this service to the Local Executive Council was £20,093 18s. 2d. There is considerable delay in providing dental treatment under the Act, because of the shortage of dental surgeons as opposed to the increased demand for the services of the dentists.

(4) Ophthalmic Service.

Under the Supplementary Ophthalmic Treatment Regulations, it is open to the patient, armed with a certificate from his medical practitioner, to go to either an ophthalmic practitioner or an ophthalmic optician for the testing of his eyesight, and thereafter to have necessary spectacles dispensed by a sight-testing optician or by a dispensing optician. At the end of 1948, 5 ophthalmic medical practitioners (2 living in Gateshead and 3 in Newcastle), 7 firms of ophthalmic opticians representing 13 individual opticians, and one firm of dispensing opticians had undertaken to provide the ophthalmic services, the costs of which during the last six months of the year were, for sight testing £4,323 2s. 6d., supply of glasses £6,956 9s. 9d. a total of £11,279 12s. 3d.

For many years, the Local Authority provided an ophthalmic clinic for pre-school and school children with defective vision and squint. For a short time after the appointed day, the medical specialist in charge carried out the work under the Supplementary Ophthalmic Treatment Service Regulations, which were later amended by a Ministry instruction that the specialist be paid at a sessional rate, as formerly, by the Local Authority, which will then claim on the Local Executive Council a fee for each refraction. The ultimate aim is to transfer this consultant sessional work to the hospital and specialist service of the Regional Hospital Board as soon as possible. Glasses are supplied under the Supplementary Ophthalmic Treatment Regulations by the Local Executive Council. There is no doubt that what was a perfectly satisfactory service has become dislocated, and children have suffered in the general delay which affects both the sight-testing and the supply of glasses. It has not been possible to secure the urgent delivery of glasses for patients afflicted with severe myopia, and it would appear that the supplementary ophthalmic treatment arrangements require a considerable overhaul so as to ensure that children with squint and defective vision receive the priority of the service that is their due.

D. Other Health Services.

(1) School Health Service and Clinics.

The Medical Officer of Health is also School Medical Officer, and therefore there is full co-ordination between the ascertainment and treatment functions of the health and education authorities relating as they do to pre-school and school children respectively. Thus, in Gateshead, there is no separate school dental service but a local authority dental service which attends to the needs of all children and also to the needs of expectant and nursing mothers. Similarly, the minor ailments clinic, the ultra-violet ray clinic and the ophthalmic and orthopaedic schemes make no distinction between children under and over school age.

The following statistics extracted from the annual report on the school medical services are worthy of reproduction. The number of school children on the register at the end of 1948 was 16,962, and of these 5,236 were inspected by routine on entrance, at 11 years of age, and upon leaving. 42 per cent of the parents of children examined by routine presented themselves at the inspection. The nutrition of the children so examined was assessed as good in 91·7 per cent, much the highest percentage of recent years. Much of this improvement is due to the supply of milk in schools, the provision of meals and better diet in the home due to the change in the economic circumstances of the community, as already stressed. 3,687 children attended the minor ailments clinic for the treatment of infections of the skin and other minor ailments, 594 school children were prescribed spectacles for errors of refraction, but the waiting list for ophthalmic investigation at the end of the year numbered 400 school children. A steady trickle of children attend the school clinics for replacement and repair of spectacles already supplied.

Two new developments in the treatment services available for school children were the orthoptic clinic opened on the 30th August, 1948, and the child guidance clinic officially approved in April, 1948. 76 patients had received orthoptic treatment for squint by the end of the year, while 53 new cases attended the child guidance clinic during 1948. An open air school in Gateshead provides 135 places for children mainly with a delicate constitution, but also for some cases of physically handicapped with crippling defects. Other improvements are in prospect locally, in the opening of a special school for physically handicapped children at "The Cedars", Low Fell, and a school for educable mental defectives at Hyndley Hall, near Stocksfield.

Under the education committee, there is a considerable amount of nursery class provision, which is used by children of pre-school age, in addition to the nurseries already reported on, which come under the health committee.

The clinic services involving specialist assistance have been running on their own momentum from the 5th July, but a note has been passed to the Regional Hospital Board of the present arrangements and of the further requirements of the local authority. One great need that is felt locally is the services of an aurist, for advice in the treatment and education of deaf children.

(2) Gateshead Dispensary.

The Gateshead Dispensary is a charity established many years ago for the treatment of the sick poor. With the National Health Service Act coming into operation, the dispensary committee have changed the purpose

of the dispensary and have decided instead to use Dr. J. C. Hall, the medical officer of the dispensary, for the purpose of giving consultant advice to patients suffering from psychosomatic illness. I am very much indebted to Dr. Hall for the following report of the activities in 1948 prior to and after the appointed day:—

The figures for the old dispensary medical clinic are as follows:—

Letter Patients.

Home patients 252
Out patients 271

Tortal 523

Non-Letter Patients.

(including accidents)5790

Turning to the work done at the new clinic, the following is a summary from the 4th of July to the end of December, 1948.

The clinic is open for treatment five days per week, *i.e.* Monday to Friday. There are four treatment sessions per day, two in the morning and two each afternoon. Each session lasts one hour. The hours are—9.30 a.m. to 12 noon and 2 p.m. to 5 p.m. Saturday morning is kept free for incidental work. The attached table gives a general outline of the work going on.

The treatment is centred around the symptom-complex which the patient presents. The treatment goes on until the complex is resolved, and this may take from three weeks to six months. It does not follow that in all cases a complete analysis has been done. A patient is happy when the cause of his complex is found and he has obtained relief.

Included in the category of traumatic neuroses are the cases of two miners. One was a certified case of nystagmus, of four and one half years' duration. He was treated by the method of abreaction. His treatment took place over a period of six weeks. His condition cleared up and he has been well for the last year with no relapse. He is working down the mine as a Deputy. The other case was one of severe emotional trauma. This patient was also treated by the method of abreaction. He returned to work after one month. He has been working down the pit for six months now quite regularly.

I have been called on to do legal work. There are three cases to mention as follows:—

1. Durham Quarter SessionsOffence—Exhibitionism.
2. Durham AssizeOffence—Indecent Assault (Homo).
3. Durham AssizeOffence—Murder.

I have also had enquiries from the Department of Psychology of King's College. The students wish to come over and see what is really done at our clinic. I hope to arrange to help them if I can.

Work undertaken from July, 1948, to December, 1948.

<i>Syndrome</i>	<i>Number of Cases</i>	<i>On active treatment</i>	<i>Dis- charged</i>	<i>Referred to Doctor</i>	<i>Failed to con- tinue treatment</i>	<i>Unable to com- plete treatment</i>
Traumatic neurosis	6	3	3	—	—	—
Parent-child adjustment	2	—	2	—	—	—
Marital difficulties	1	—	1	—	—	—
Diabetes mellitus	1	1	—	—	—	—
Anxiety states	7	6	—	1	—	—
Angina pectoris	1	—	—	—	1	—
Epilepsy	1	1	—	—	—	—
Asthma	6	3	2	—	—	1
Sex abnormality (Masochism)	1	1	—	—	—	—
Inferiority state,	1	1	—	—	—	—
Conversion hysteria	6	2	3	—	1	—
Total to end of December, 1948	33	18	11	1	2	1

J. Charlton Hall, M.B., B.S., B.Hy., D.P.H.

(3) Gateshead Public Medical Service.

With the coming into force of the National Health Service Act, the Gateshead public medical service run by the local general practitioners under the sponsorship of the British Medical Association, came to an end. It covered 25,000 persons during the first six months of the year, these being entirely the dependents of insured persons.

(4) Propaganda.

The local authority subscribes to the Central Council for Health Education and makes considerable use of the literature and other services provided by the Central Council. The paper "Better Health" is circulated in the welfare centres, and birthday cards and similar literature are distributed in connection with the scheme of diphtheria immunisation.

Various members of the staff, including the Medical Officer of Health have given talks on various facets of social medicine to interested local groups. The main emphasis during 1948 was through the sanitary inspectors in an effort to raise the standard of personal hygiene in the premises and personnel of establishments handling food. The little reminders of the Central Council for Health Education on the necessity to wash the hands after the toilet of excretion were distributed to all food establishments.

Through the health visiting service, the personal contact with the mothers of the town was supplemented by the literature on the common infections of childhood and the methods of prevention.

A special leaflet was printed and distributed at the welfare centres to inform the public of the local agencies under the National Health Service Act for general medical and dental care, the priority dental service, midwifery, child welfare, domestic helps, home nursing, invalid aids, vaccination and immunisation, and mental illness, together with a brief note on the local facilities afforded by the National Assistance Board for financial relief, tuberculosis allowances, blind assistance, sick benefit and pensions.

PART III.—PREVENTION AND TREATMENT OF DISEASE.

A. Infectious Diseases.

Summary of cases coming to the knowledge of the health department in 1948:—

<i>Disease</i>	<i>Cases Noti- fied</i>	<i>Removed to Isolation Hospital</i>	<i>Corrected No. of Cases</i>	<i>Deaths in Area</i>	<i>Deaths in Hospital</i>
Scarlet Fever	232	217	219	—	—
Diphtheria	28	28	10	—	—
Enteric Fever	2	2	1	1	1
Dysentery	22	18	14	2	2
Puerperal Pyrexia	25	12	24	1	1
Cerebro-spinal Fever	11	11	7	—	—
Ophthalmia Neonatorum	6	6	6	—	—
Measles	1282	46	1285	2	1
Whooping Cough	334	28	334	2	2
Erysipelas	36	16	34	—	—
Scabies	109	—	109	—	—
Poliomyelitis	3	3	3	—	—
Primary and Influenzal Pneumonia	223	153	192	48	14
Tuberculosis— Pulmonary	239	—	232	101	40
Non-Pulmonary	45	—	47	17	11
Chickenpox	—	9	9	—	—
Mumps	—	14	14	—	—
Malaria	—	1	1	—	—
Diphtheria Carriers	—	—	1	—	—

Altogether then there were 2,597 known cases of infectious diseases within the Borough during the year.

(1) Notifiable Diseases.

Scarlet Fever was of sporadic prevalence during the year except for slight increases in January and September. The virulence of the disease was well controlled by chemotherapy, and were it not for the bad housing conditions of the town it would not be necessary to remove such a large proportion of cases to hospital.

Diphtheria. In 1948, only 10 diphtheria cases occurred in the town. There were no deaths. This is quite the lowest total ever recorded. One death of an adult male was certified as being due to diphtheritic myocarditis, but as the patient had diphtheria three years before, the case is not accepted as a diphtheria death.

66 contacts of diphtheria were swabbed for the carrier condition, but only one came to light, and he was treated successfully as an out-patient at the Greenesfield Health Centre. The returns for diphtheria prophylaxis are given elsewhere. 5 of the 10 genuine cases of diphtheria had previously been inoculated against the disease.

Enteric Fever. 2 cases were notified during the year and admitted to the isolation hospital, where they were discovered to be suffering from non-specific enteritis. One other case came to light as a result of post-mortem

examination. A woman of 66 years died in the Queen Elizabeth Hospital, and was certified as having died from cerebral thrombosis and extra-renal uraemia. A post-mortem examination was held and samples taken at the post-mortem examination were positive for paratyphoid organisms. The case therefore appears to have been a paratyphoid infection with acute symptoms suggestive of food poisoning.

Dysentery and Gastro-enteritis.

22 cases of dysentery were notified and 18 were removed to the isolation hospital, where the diagnosis was confirmed in only 10 cases, 7 of whom suffered from the Sonne infection and 3 from Flexner infection. Two of the Sonne patients died. Four other cases of Sonne Dysentery were notified in the town, and remained at home. Among the patients admitted to hospital with presumed dysentery, the diagnosis turned out to be a Salmonella Typhimurium infection in one case and non-specific gastro-enteritis in the others.

Cerebro-spinal Fever.

11 cases of cerebro-spinal fever were notified and admitted to hospital, where the diagnosis was substantiated in 7 cases only. There were no deaths.

Puerperal Pyrexia and Ophthalmia Neonatorum. The information under this head is summarised in the Maternity and Child Welfare section of this report.

Measles. Measles remained of sporadic incidence until November, 1947, when the notifications began to increase continually, so that a peak was reached in May, 1948. The disease relapsed to sporadic incidence in November. There were only two deaths from the disease, one in hospital and one at home. The intervals between the peaks of the last two measles epidemics was seventeen months.

Whooping Cough. Whooping cough has been of high sporadic prevalence during 1947 and 1948, the monthly numbers of infections varying between 20 and 67. The well-known periodicity of whooping cough seems to have been modified during the last two years. There were two deaths from the disease, both in hospital from lung complications. An unusual complication of whooping cough was recorded whereby a child suffered from encephalitis and was admitted to hospital, recovering after three weeks of nursing care.

Erysipelas. 36 cases of erysipelas were notified and the diagnosis was revised in only two cases among 16 who were removed to the isolation hospital.

Scabies. Scabies is a notifiable disease within the Borough, and during the year 109 cases were notified, all with a few exceptions being dealt with at the school clinic. In the case of adults, it was occasionally necessary to arrange for bathing and inunction at the isolation hospital.

Poliomyelitis. During the year, three cases of poliomyelitis were notified and all were removed to hospital. Simultaneously, a group of four cases were admitted with the "Guillain-Barre" syndrome, presenting various

paralysis. After refinement, the ultimate diagnosis make it clear that one of the notified poliomyelitis patients belonged to the class of polyneuritis, and one, admitted as a case of polyneuritis, may possibly have been an infantile paralysis. This case and two others were left with a residual paralysis, for which they were still having treatment at the Queen Elizabeth Hospital at the end of 1948. Four patients sent in either as cases of poliomyelitis or for observation were ultimately classified in hospital as belonging to the syndrome of "Guillain-Barre" and were still under treatment at the end of the year, in three cases progressing towards an almost complete recovery, and in the fourth, a patient with rheumatoid arthritis, remaining more or less stationary.

Pneumonia. The number of pneumonic infections continues to be high but roughly three quarters of the patients had hospital treatment; of this number, only 14 died, *i.e.* a mortality of less than 10%. A number of the patients dying from pneumonia at home must have had the disease as a terminal phenomenon.

(2) Non-Notifiable Diseases.

9 cases of chickenpox and 14 cases of mumps came to notice during the year. Neither of these conditions was epidemic. There was also one case of malarial relapse.

(3) Supervision of Contacts.

A considerable amount of time has been devoted to the ascertainment of infectious contacts in connection with intestinal infections, some of which are notifiable and some not. It is the experience that having ascertained the presence of symptomless carriers among these contacts, one is faced with the problem of how far to interfere with their daily routine. Generally speaking, infectious contacts of this kind who handle food are suspended from work, and are thereby entitled to be paid sick benefit. The other infectious contacts are not interfered with, except so far as school attendance is concerned. Their own doctors are asked to take over the medication, and send weekly samples of faeces for examination until the patients are non-infective.

Only one contact from abroad, a soldier serving in Egypt at the time of the cholera epidemic, was supervised while on leave.

(4) Infestation and Uncleanliness.

With the help of the newer D.D.T. preparations, the Local Authority dealt with disinfestation of children and young persons through the minor ailments clinic at Greenesfield House, and with the disinfestation of house and furniture by way of the sanitary department. Rodent pests were also attacked by the method of baiting the sewers.

B. Suspected Food Poisoning and Food Infection.

The following cases of suspected food poisoning were investigated during the year;—

(1) "P.B.", a youth of 18 years, in attendance at a Grammar School in Newcastle, was notified on 12/1/48 as suffering from symptoms of gastro-enteritis. Samples of faeces were negative for pathogenic organisms, as also samples from his parents. The symptoms began four hours after a mid-day meal, which consisted of minced meat and peas at the school. This may possibly have been merely a digestive upset.

(2) "R.E.", a man of 34 years, was notified on 18/1/48, as having suffered for two days from symptoms of gastro-enteritis, which supervened upon a meal consumed at a works' canteen outside the area, the suspected foodstuff being a meat pasty. Samples from the patient and from his domestic contacts, who suffered no symptoms, were negative on bacteriological examination, but there were no remnants of the meal consumed at the canteen available for bacteriological examination.

(3) "T.C.", a man of 31 years, was notified on 16/4/48, as having suffered symptoms of gastro-enteritis the day before. The patient, an employee of the Ministry of National Insurance, had a mid-day meal at the office canteen and felt ill some hours afterwards. Samples of faeces from this patient were negative. There was a history of peptic ulcer, and it appears possible that the illness was not attributable to the food, none of which was available for examination.

(4) "E.C.", a woman of 66 years, was admitted to hospital on 8/7/48, with acute enteritis, at first thought to be uraemia, from which cause she was certified to have died. A post-mortem sample of the faeces, when cultured, revealed the presence of the paratyphoid B. organism. There were two contacts, her husband and her son, and the husband was also found to harbour the organism, although remaining quite symptomless. Enquiry into the diet was negative, and the source of the infection remains obscure as there were no other cases in the district at that time.

(5) On 26/7/48, a family of three persons were notified as suffering from food poisoning, the symptoms of which had begun on the afternoon of the day of notification. No suspicious articles of food had been taken on the 25th or 26th July, except for cold lamb, the remains of the previous day's lunch. No organisms of the food poisoning group were isolated from the patients, but a sample of the roast lamb gave a fairly profuse growth of staphylococcus albus. The patients recovered within two days.

(6) On 1/8/48, a boy of 17 years began to vomit, complained of severe pain in the abdomen and developed diarrhoea. Three days later, the doctor was called and the patient was admitted to hospital extremely ill as an acute abdomen with dehydration. With intravenous saline and a course of chemotherapy he recovered within a week. Samples of his faeces had meantime been examined and Salmonella Typhimurium was reported present on the 14th August, by which time the patient was well. He was finally discharged from hospital on 21/8/48. This patient was an only child, and the father and mother showed no signs of illness. Investigations of the diet consumed prior to the onset of illness showed that the only uncooked food consumed was ice cream, which had also been consumed by the parents. Samples of faeces from the parents were negative.

(7) On 5/8/48, a boy who was resident in a local boarding school, attended a general hospital complaining of pain in the abdomen and diarrhoea. Samples of faeces were taken and reported on 10/8/48 to contain a *Salmonella* group organism. The information that this had been found only reached the health department on the 18/8/48, by which time it was discovered that the youth had proceeded, with other students of the boarding school, to a camp near Darlington. The local enquiries were fruitless, as the college was closed, but information was at once transferred to the Medical Officer of the Darlington Rural District, who conducted further investigations. Meantime, the *Salmonella* Organism was identified as *Salmonella* Typhimurium. On the 28th August, Dr. M. W. Rodgers, the Medical Officer of Health for Darlington Rural District Council, was able to inform us that on the 26th July, approximately 15 boys at the Gateshead college had been ill at the same time as the youth who was seen at the hospital. Their own doctor was in attendance at the time. At the camp, the patient again complained of abdominal pain, but was not entirely incapacitated. He returned to Gateshead and went back to the hospital, and as a result was admitted to the isolation hospital for treatment. At Darlington, there were 40 boys in the camp, but none of them seemed to have been affected with the illness. Several boys who slept in the same tent as the patient submitted samples of their faeces, and they were all negative.

As a result of this experience, a reminder was sent to the Gateshead doctor concerned as to his duties under the Food and Drugs Act, to notify outbreaks of suspected food poisoning, for the great delay in notification rendered investigation impossible. Experience of the epidemiology of the college implicated in this outbreak suggests that boys are received as refugees from many different areas in Europe, and that the infection in this case, as in others, may have commenced within the group of boys by the introduction of a stranger.

(8) On 27/9/48, a child of 11 months suffered from gastro-enteritis. After receiving medical attention at home, he was removed to the isolation hospital on 4/10/48. There, a sample of faeces was examined and was reported to contain *Salmonella* Typhimurium on 7/10/48. The parents and a brother were the only other inmates of the house, and examination of their faeces was negative. In this case, the child was fed solely on national dried milk and small quantities of meat juice and a cereal. It was not possible to get the original packet of dried milk for examination, but check samples were taken from other consignments and reported satisfactory.

(9) On 27/11/48, a child of 2 years became ill, and symptoms of diarrhoea began two days later. The patient deteriorated and was admitted to hospital, where a sample of faeces was reported on 9/12/48 to show the presence of *Salmonella* Typhimurium. In hospital the patient continued to be febrile for over a fortnight, but ultimately made a good recovery. Samples of faeces from the father and mother and three brothers were all examined and reported negative for *Salmonella* organisms. They had no history of illness, and investigation of the diet of the child did not shed any light on the origin of the illness.

It will be noted that, with two exceptions, all the instances of suspected food poisoning concerned single patients. In only one instance was the infection related to fatality, and as the patient was elderly and not too healthy, the causative role of the paratyphoid organism still remains in doubt. It is very difficult to deal adequately with individual cases of *Salmonella* infection, because the laboratory examinations take time and the suspected foodstuffs are no longer available for examination. It is apparent, however, that a very large number of persons can be infected with pathogenic organisms and remain free of symptoms. The gross conclusion to be drawn from the histories recorded is that the hygiene of food manufacture, distribution, retail and preparation needs considerable improvement. It is suggested seriously that all food handlers should undergo, by compulsion, a course of instructions in the elements of food hygiene, and submit samples of faeces, say once every three months, for examination for the presence of pathogenic organisms. Only by such a measure can it be hoped to abate the frequency of minor intestinal infections, which are certainly caused by the contamination of foodstuffs.

C. Tuberculosis.

(Report by Dr. S. D. Rowlands).

Chest Clinic.

The clinic consists, as in previous years, of the Chest Physician, 1 male clerk and 2 tuberculosis nurses. The nurses also do domiciliary visiting.

Clinics are held each morning from 9-12 noon, except Thursdays and Saturdays. An evening clinic is held each month from 5-6.30 p.m. for the convenience of patients who are working during the day.

During 1948 a new record of 2,185 new cases attended for examination for the first time. The majority of these patients attended the Saturday morning X-ray Clinic held at Whinney House Hospital at 9 a.m., where patients are sent direct by their medical attendants without primarily reporting at the Chest Clinic. These 2,185 new cases included 592 contacts, 17 notified cases transferred from other districts, 12 men from the Army Medical Board for an opinion on their chest condition and 17 cases referred from the Ministry of Pensions and Ministry of Health. The remaining cases were sent by the private practitioners of the town, the school medical officer, or came on their own accord for examination.

The total attendances at the Chest Clinic (old and new cases) numbered 6,577.

Of the 592 contacts examined for the first time, 43 were found to be tuberculous and referred for treatment. In 6 cases a diagnosis had not been made by the end of the year. The remainder showed no evidence of active disease.

In the case of the other 1,593 new cases, 213 were definitely tuberculous and notified. In 18 a diagnosis had not been made by the end of the year. The remaining 1,362 cases were referred back to their own doctors as non-tuberculous,

During the year 78 patients (56 pulmonary tuberculosis and 22 other tubercular diseases) were removed from the clinic register as cured. 38 cases (32 pulmonary tuberculosis and 6 other tubercular diseases) removed from the town.

As from the 5th July, 1948, the services of the chest physician and clerk were transferred to the Regional Hospital Board, which will, however, share their duties with the local authority in proportions to be determined. The two tuberculosis nurses remain employees of the local authority.

Statistics.

1. Primary Notifications.

The following new cases of Tuberculosis were notified during 1948:—

Pulmonary	Males	119	Other tubercular disease	Males	17
	Females	120		Females	28
		<hr/>			<hr/>
Total		239	Total		45
		<hr/>			<hr/>

The other tubercular diseases cases were made up as follows:—

Bones and Joints ...	...	...	17
Abdomen ...	...	...	4
Other organs ...	...	...	4
Peripheral glands ...	...	...	10
Miliary ...	...	...	3
Meningitis ...	...	...	7

There was a decrease of 7 cases of pulmonary tuberculosis notified during the year, but a big increase of 13 cases of other tubercular diseases. This increase was almost wholly due to tuberculosis of bones and joints, for which there is no apparent reason.

To be deleted from the total notifications are 9 cases of pulmonary tuberculosis (4 males and 5 females) and 2 cases of other tubercular diseases, (1 male and 1 female) whose notifications were subsequently cancelled as non-tuberculosis.

Two cases of pulmonary tuberculosis and 4 cases of other tubercular diseases died unnotified during the year and these must be added to the total.

The nett total of new cases was therefore as follows:—

Pulmonary Tuberculosis	232
Other Tubercular Diseases	47

The incidence rates for 1948 (calculated on a population figure of 115,100) are:—

Pulmonary Tuberculosis	2.01 per 1,000
Other Tubercular Diseases	0.41 „
Total (All Forms)	2.42 „

Of the total notifications received during the year, 111 were notified by the Chest Physician direct and 97 by private practitioners after consultation with the Chest Physician. Thus 73.2% of the new cases were seen by the Chest Physician prior to notification. This high percentage is principally due to the number of cases first diagnosed at the X-ray Clinic at Whinney House Hospital thus illustrating the great usefulness and time-saving of this clinic.

Only 34 of the new cases were not seen by the Chest Physician during the year. Of these 8 died in hospital within a few days of notification and 3 removed from the district shortly after they were notified. The remaining 11 were still in various hospitals in the region at the end of the year and remain to be interviewed.

There were on the notification register at the end of the year 1,008 patients suffering from tuberculosis (all forms) made up as follows:—

Pulmonary Tuberculosis....Males ...440	Other Tubercular Diseases Males	42
Females 426	Females	100
—	—	—
866		142
—		—

This is an increase of 59 (pulmonary tuberculosis 60—males 20, females 40, less 1 other tubercular disease) compared with the previous year. Thus continues the steady increase in the number of cases of tuberculosis noted during the past few years, possibly partly due to improved facilities for diagnosis, but also definitely due to a greater number of people contracting the disease. This, in my opinion, can only be attributed to defective nutrition as working conditions are improving and hours of work have been reduced during the same period. Overcrowding with its attendant opportunity for spread of infection is probably also a factor, but there has not been noted much increase in the number of cases found during routine contact examination.

The following table shows the nett number of new cases notified, with the notification rates, for the past 10 years:—

Year	No. of Cases Notified		Incidence Rates		All forms
	P.T.	O.T.D.	per 1,000 population P.T.	O.T.D.	
1939....	183	45	1.61	0.39	2.0
1940....	206	49	1.92	0.45	2.38
1941....	207	52	1.93	0.48	2.42
1942....	208	80	1.98	0.76	2.74
1943....	219	48	2.11	0.46	2.58
1944....	244	55	2.33	0.52	2.86
1945....	218	52	2.06	0.49	2.55
1946....	228	47	2.01	0.42	2.43
1947....	237	34	2.08	0.29	2.37
1948....	232	47	2.01	0.41	2.42

2. Deaths.

The Registrar General's return of tuberculosis deaths for 1948 is as follows:—

Pulmonary	Males	53	Other Tubercular Diseases	Males	10
	Females	46		Females	8
		—			—
Total		99	Total		18
		—			—

These figures show an increase of 6 deaths from pulmonary tuberculosis and 1 from other tubercular diseases, compared with the previous year. In addition 5 deaths occurred in notified cases of tuberculosis due to some other intercurrent disease. This brings the total of deaths in cases of tuberculosis in Gateshead during 1948 to 122. The increase in mortality is in line with the increase in the incidence of the disease already noted.

It is pleasing to note a reduction in deaths from tubercular meningitis from 14 in 1947 to 12 this year. Of this number 4 were old notified cases and death from meningitis was only a terminal condition. Thus there were only 8 fatal primary cases of meningitis. The source of infection was probably from another member of the family in 3 cases, there being a definite family history in these instances.

The death rates for 1948 (calculated on a population figure of 115,100) were as follows:—

Pulmonary Tuberculosis	0·86 per 1,000
Other Tubercular Diseases	0·15 „
All Forms.....	1·01 „

These rates compare with those for England and Wales for 1948 as follows:—

Pulmonary Tuberculosis	0·44 per 1,000.
Other Tuberculosis Diseases	0·067 „
All Forms	0·51 „

It is evident that in Gateshead the death rate is about exactly double the rate for the whole country, which illustrates the problem which has to be faced.

The following table sets out the death rates for the decennium 1939-1948:

Year	Total Deaths			Death Rate per 1000 population		
	P.T.	O.T.D.	Total	P.T.	O.T.D.	Total
1939....	119	15	134	1·04	0·13	1·18
1940....	129	17	146	1·2	0·15	1·36
1941....	128	26	154	1·18	0·24	1·45
1942....	107	19	126	1·02	0·18	1·2
1943....	106	20	126	1·02	0·19	1·21
1944....	122	22	144	1·17	0·21	1·38
1945....	98	27	125	0·928	0·25	1·18
1946....	75	21	96	0·667	0·187	0·855
1947....	93	17	110	0·81	0·15	0·96
1948....	99	18	117	0·86	0·15	1·01

The age distribution of newly notified cases and deaths is given in the appended table:—

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	Males	Females	Males	Females	Males	Females	Males	Females
0— 1	1	2	3	—	—	1	1	—
1— 5	6	9	5	5	—	—	1	1
5—10	9	10	—	7	—	—	—	3
10—15	9	7	5	3	—	—	1	—
15—20	8	28	4	1	2	5	2	3
20—25	14	28	1	4	2	9	1	1
25—35	28	24	3	5	16	11	3	—
35—45	17	9	1	2	9	7	—	—
45—55	23	9	1	2	12	3	1	—
55—65	9	4	—	1	14	4	—	1
65 & up	5	1	—	—	5	3	—	—
Totals	129	131	23	30	60	43	10	9

It is noticeable that the greater mortality in males tends to be in the latter half of life (*i.e.* after 25 years of age), while in females the greater number of deaths occur in the age groups 20-45.

The figures in this table include all primary notifications and also others coming to the notice of the Medical Officer of Health from the following sources:—

	Pulmonary Tuberculosis	Other Tubercular Diseases
(a) Local Registrar	—	1
(b) Registrar General	—	2
(c) Posthumous	2	1
(d) Inward transfers	19	2
(e) Outward transferable deaths	—	2

Posthumous Notifications.

3 or 2·6% of the tuberculosis deaths were notified posthumously. Of these 2 were due to pulmonary tuberculosis and 1 to other tubercular diseases. The cause of non-notification in each of these cases was forgetfulness.

Details of the time elapsing between notification and death is of interest from the point of view of early diagnosis which is of such paramount importance in prognosis. The figures for 1948 are as follows:—

Deaths under 1 month from notification	17
Deaths from 1—3 months of notification	10
Deaths from 3—6 months of notification	9
Deaths from 6—12 months of notification	19
Deaths from 1—2 years of notification	22
Deaths over 2 years from notification	45

These figures exclude cases dying unnotified and also cases of tuberculosis previously removed from the register for various reasons.

From these figures it will be seen that 55 cases (*i.e.* 45%) died within 12 months of notification. This is a big improvement in the previous year when 60% died during the first year.

Radiography Clinic.

The X-ray Clinic was held as usual throughout the year at Whinney House Hospital on Saturday mornings at 9 a.m. To this clinic the general practitioners of the area may send cases direct for an immediate X-ray examination without going through the intermediary of an interview at the Chest Clinic.

A greater number of cases than ever were seen during the year, 2,900 new people attending for examination. From these many new unsuspected cases of tuberculosis were found, together with other diseases of the lungs and heart.

Home Visiting.

The tuberculosis nurse paid 291 first visits to newly notified cases and 1,319 revisits during the year, a total of 1,610.

The Chest Physician made 48 special visits at the request of private practitioners.

During these visits the Health Visitor investigated the housing conditions and sleeping accommodation of patients. As a result of these investigations the following facts were elicited:—

- 89 patients occupied a separate bedroom.
- 32 patients occupied a separate bed with others in the same room.
- 141 patients occupied the same bed as other members of the family.

Of the latter 112 had one other person sharing the bed, 25 had two others and 4 had more than two others sharing the bed.

The housing accommodation of 262 cases completely investigated was as follows:—

1 roomed tenement	2
2 rooms	58
3 rooms	86
4 rooms	76
Over 4 rooms	40

Thus 84·73% of the new cases occurred in houses having 4 rooms or less.

It is satisfactory to note that during the year 93 or 25% of the houses let were allocated to tuberculous families.

Memorandum 266/T.

After July 5th, 1948, allowances paid under this memorandum ceased and were taken over by the Ministry of National Insurance,

The following cases have received allowances under this memorandum from its inception in July, 1943, to July 2nd, 1948:—

	<i>Cases Noti- fied</i>	<i>Total Applica- tions</i>	<i>No. of Assess- ments</i>	<i>Progress- ive Total of Assess- ments</i>	<i>Cost</i>	<i>Progressive Total Cost</i>
					£ s. d.	£ s. d.
Half year ending 31st March, 1945	78	386	435	1223	3808 0 6	10638 4 0
Half year ending 30th Sept., 1945	71	457	453	1676	3817 3 6	14455 7 6
Half year ending 31st March, 1946	66	523	395	2071	4196 1 3	18651 8 9
Half year ending 30th Sept., 1946	74	597	452	2523	4456 14 6	23108 3 3
Half year ending 31st March, 1947	52	649	505	3028	4645 14 9	27753 18 0
Half year ending 30th Sept., 1947	64	713	399	3427	3642 17 0	31396 15 0
Half year ending 31st March, 1948	72	785	399	3826	3942 11 0	35339 6 0
Half year ending 2nd July 1948	43	828	308	4134	2176 7 0	37515 13 0

Abstract of Cases Chargeable.

	<i>Periods ending</i>							
	31.3.45	30.9.45	31.3.46	30.9.46	31.3.47	30.9.47	31.3.48	2.7.48
Maintenance only	126	119	119	132	151	140	140	87
„ and Discretionary	11	14	10	10	14	16	14	14
„ and Special Trav. Expense	26	31	39	27	11	—	—	—
Special Trav. Expenses only	11	8	7	13	3	—	—	—
„ Pocket Money	8	5	4	1	2	—	—	1
Maintenance and Special	—	—	1	—	—	4	5	—
„ and Pocket Money and Trav. Expenses	—	—	—	6	4	1	—	—
„ and Discretionary and Trav. Expenses	—	—	—	4	—	—	—	—
„ and Pocket Money only	—	—	—	2	4	4	3	5
	182	177	180	195	189	165	162	107
Travelling Vouchers Issued	112	129	141	159	17	12	10	9

Treatment of Chest Clinic Patients.

(a) Artificial Sunlight Treatment.

Clinics for ultra-violet radiation in selected cases were held on Tuesdays and Fridays during the year. The course of treatment, as prescribed by the Chest Physician, is carried out by the Chest Clinic Nurse.

Treatment consists principally of local irradiation with a Kromayer water-cooled lamp. For general irradiation a mercury vapour lamp is used.

During the year 12 patients were treated for the following conditions:—

Bones and joints ...	...	1
Tubercular adenitis	...	9
Tuberculosis of other organs	...	1
Tuberculous abdomen ...	...	1

The total of 80 sessions were held and 372 treatments given.

(b) Surgical Treatment.

Mr. Geo. A. Mason, F.R.C.S., continues to be retained as Thoracic Surgeon. Operations are performed by him on Gateshead patients at Shotley Bridge Hospital and Poole Sanatorium.

During 1948 he performed the following operations on cases of tuberculosis:—

In Poole Sanatorium:—

Thoracoscopy with division of adhesions	8
Phrenic crush	4
Thoracoscopy	1
1st stage Thoracoplasty	1
2nd stage Thoracoplasty	1
Bronchoscopy	7
Artificial pneumothorax	16
Pneumoperitoneum	2

In Shotley Bridge Hospital:—

Phrenic Crush	3
Thoracoscopy with division of adhesions	15
Thoracoplasty.....	2

(c) Sanatorium Treatment.

The number of beds available for the treatment of Gateshead patients is as follows:—

Barrasford Sanatorium	5 males.
Stannington Sanatorium	10/16 children (variable).
Poole Joint Sanatorium	17 males. 12 females. 7 children
Whinney House Hospital	27 males. (increased to 29 males and 21 females. 23 females on and after 6.12.48).
Sheriff Hill Hospital	10 (surgical cases only).
Bensham General Hospital	12 males. 12 females. 10 children. (Some beds occupied from time to time by Durham County Council cases under special arrangements).

These hospitals are no longer limited to the admission of patients from Gateshead. As a result, there has been a notable tendency for Gateshead to develop a waiting list for hospital treatment of tuberculosis. The position at the end of 1948 was that 18 patients (9 males and 9 females) suffering from pulmonary tuberculosis, were awaiting admission to hospital. Four of these were children,

Table of Admissions, Discharges and Deaths in Institutions.

	In on 1st day of year			Admitted			Discharged			Died			In on last day of year		
	M	F	Ch.	M	F	Ch.	M	F	Ch.	M	F	Ch.	M	F	Ch.
Chinney Ho. Hosp.	27	21	—	65	49	—	64	44	—	8	5	—	20	21	—
Wensham Gen. Hos.	12	8	7	38	50	44	25	44	41	19	6	—	6	8	10
Warrasford San.	5	—	—	13	—	—	13	—	—	—	—	—	5	—	—
Woolle Sanatorium	11	17	8	25	24	9	19	28	10	—	1	—	17	12	7
Wanhope San.	—	—	3	—	—	—	—	—	3	—	—	—	—	—	—
Warrington San.	—	—	16	—	—	27	—	—	31	—	—	—	—	—	12
Anderson Ortho. Hospital	—	—	1	—	—	1	—	—	1	—	—	—	—	—	1
Meriff Hill Hosp.	4	6	1	5	14	7	3	13	1	2	2	3	4	5	4
Wexham General Hospital	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—
Totals	60	52	36	146	137	88	125	129	87	29	14	3	52	46	34

Health (Care and After-Care) Sub-Committee.

The following cases were considered by the Sub-Committee during the year and assistance granted as specified:—

Clothing outfits provided	115
Clothing outfits provided through other sources	12
Bed and bedding provided	66
Assistance through Service Funds	1
Assistance to have gas laid-on ...	1
Assistance to obtain Wireless battery	1
Portable rubber urinal	1
Bedpans	11
Air rings... ..	7
Sponge beds	2
Child's cot	1
Bed rests	2
Rubber sheet	1

The following table gives a resume of the cases seen and dealt with at the Chest Clinic during 1948:—

Diagnosis	Pulmonary				Non-Pulmonary				Total				Grand Total
	Adults		Children		Adults		Children		Adults		Children		
	M	F	M	F	M	F	M	F	M	F	M	F	
A. New Cases examined during the year (excluding contacts)....													
(a) Definitely T.B.	94	76	10	16	4	4	3	6	98	80	13	22	213
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	10	3	4	1	18
(c) Non-T.B.	—	—	—	—	—	—	—	—	434	565	197	166	1362
B. Contacts examined during the year													
(a) Definitely T.B.	5	13	9	11	—	1	1	3	5	14	10	14	43
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	—	2	2	2	6
(c) Non-T.B.	—	—	—	—	—	—	—	—	109	174	139	121	543
(d) Inward Transfers and returned cases	16	13	—	1	—	—	—	—	16	13	—	1	30
C. Cases written off Clinic Register													
(a) Recovered	19	12	16	9	2	7	7	6	21	19	23	15	78
(b) Non-tuberculous (including any such cases previously entered on the Clinic Register as tuberculous).....	—	—	—	—	—	—	—	—	551	742	341	287	1921
(c) Died	59	46	—	—	3	2	1	—	62	48	1	2	38
(d) Removed.....	12	15	3	2	2	3	1	—	14	18	4	—	111
(e) Other Reasons ...	5	3	5	—	1	—	—	—	—	—	—	—	14
No. of Cases on Clinic Register on 31/12/47.....													
(a) Defibitely T.B.	364	321	55	89	18	22	17	21	382	343	72	110	907
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	10	5	6	3	24

1. No. on Clinic Register on

1/1/48..... 872

2. No. of attendances at the

Clinic including contacts6577

3. No. of:—

(a) Specimens of sputum, etc. examined 691

(b) X-ray examinations made in connection

With Clinic work2900

S. D. ROWLANDS, M.D., B.Hy., D.P.H.,

Clinical Tuberculosis Officer.

D. VENEREAL DISEASES.

**Return relating to Gateshead Cases treated at Ward 34
Newcastle General Hospital, 1948.**

	<i>Syphilis</i>		<i>Soft Chancre</i>		<i>Gonorr- hoea</i>		<i>Condi- tionsother than Venereal</i>		<i>Totals</i>	1948	1947	1946	1945	1944
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total			
Persons under treat- ment or observation on 1st January, 1948	156	165	—	—	26	22	16	19	198	206	404	473	329	333
Old Cases, returned	4	5	—	—	—	—	—	—	4	5	9	20	29	10
New Cases—														
Syphilis, primary	9	2	—	—	—	—	—	—	9	2	11	19	31	4
„ secondary	4	6	—	—	—	—	—	—	4	6	10	21	33	11
„ latent 1st year of in- fection	2	1	—	—	—	—	—	—	2	1	3	10	11	9
„ late	9	6	—	—	—	—	—	—	9	6	15	14	24	17
„ congenital	1	1	—	—	—	—	—	—	1	1	2	3	1	2
Soft Chancre	—	—	—	—	—	—	—	—	—	—	—	3	6	1
Gonorrhoea	—	—	—	—	77	21	—	—	77	21	98	135	144	92
Non-Venereal	—	—	—	—	—	—	221	60	221	60	281	307	366	268
Conditions undiag- nosed at 31/12/48	—	—	—	—	—	—	5	3	5	3	8	3	4	3
Cases transferred from other areas	11	4	—	—	2	—	—	—	13	4	17	25	98	32
Totals	196	190	—	—	105	43	242	82	543	315	858	1033	1076	782
Cases discharged after cure	21	9	—	—	48	26	209	70	278	105	383	496	500	343
Cases ceasing attend- ance before complet- ing treatment—														
Syphilis, primary	1	—	—	—	—	—	—	—	1	—	1	4	2	6
„ secondary	2	1	—	—	—	—	—	—	2	1	3	7	4	16
„ latent 1st year in- fection	—	4	—	—	—	—	—	—	—	4	4	2	1	4
„ all later stages	2	2	—	—	—	—	—	—	2	2	4	7	6	10
„ congenital	—	—	—	—	—	—	—	—	—	—	—	1	—	—
Soft Chancre	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Gonorrhoea	—	—	—	—	5	1	—	—	5	1	6	7	5	15
No. of cases under treatment or obser- vation which died:—														
From the disease	—	—	—	—	—	—	—	—	—	—	—	1	1	—
From other causes	3	1	—	—	—	—	—	—	3	1	4	2	3	—
Cases ceasing attend- ance after complet- ing treatment but before tests of cure	7	9	—	—	5	3	—	—	12	12	24	34	14	15
Cases transferred to other centres	17	3	—	—	13	1	9	—	39	4	43	68	67	44
Cases under treatment on 31/12/48	143	161	—	—	34	12	24	12	201	185	386	404	473	329
Totals	196	190	—	—	105	43	242	82	543	315	858	1033	1076	782
No. of attendances for Medical treatment	2195	1785	—	—	1210	387	659	222	4064	2394	6458	7379	8626	5462
No. of attendances for intermediate treat- ment	—	—	—	—	—	—	179	11	179	11	190	136	166	629
In-patients—														
Admissions	14	28	—	—	9	1	2	—	25	29	54	39	45	30
In-patient days	404	310	—	—	113	5	8	—	525	315	840	604	430	310

W. V. MACFARLANE, M.D., D.P.H., Director.

Medico-Social Aspects of Venereal Diseases in Gateshead.

The number of persons from Gateshead under treatment for venereal diseases at the end of the year numbered 386, as compared with 404 in the previous year, 473 in 1946 and 329 in 1945. New cases of infectious syphilis coming to light during the year numbered 39, as against 50 in 1947 and 75 in 1946. The number of new cases of gonorrhoea was 98, as against 135 in 1947 and 144 in 1946.

Altogether, 281 persons, who attended the clinic for the first time, were found non-venereal. The number of new cases of congenital syphilis coming to light was only 2.

These figures reflect a regaining of control over the prevalence of the venereal diseases, thanks to public awareness of the necessity for treatment and the efficacy of modern methods of treatment. The local authority staff continued the previous collaboration with the staff of the clinic, along the lines mentioned below:—

(a) Propaganda.

Personal canvass, advice to contacts, and follow-up of defaulters cover the principal lines of propaganda followed by the department, but notices are also exhibited in all the public lavatories of the town, emphasising the dangers of venereal diseases and indicating the address of the clinic and the hours of attendance. No steps have so far been taken in this area to carry out sex education in schools.

(b) Contact Tracing and Defaulters.

A report of the work of the superintendent health visitor is contained elsewhere in the report, showing the very valuable work which she has done in cases where impersonal methods of approach had failed.

(c) Blood Testing of Expectant Mothers.

In 1948, 2,012 samples of blood were taken from expectant mothers at the local clinics and hospitals. 1,316 were dealt with from the Greenesfield Clinic and the District Nursing Association Clinic, while 696 were taken at the Queen Elizabeth Hospital. 8 positive results were recorded. This proportion of positive antenatal bloods (0.4%) is quite the lowest percentage obtained since antenatal blood testing was commenced in 1943. As late as 1947, 1% of antenatal bloods were returned as positive.

An analysis of the 8 women concerned show that 5 were women who came under notice in previous pregnancies. 4 of these had vigorous treatment during the present pregnancy and the remaining one had adequate treatment prior to pregnancy. Of the 3 new cases, one received half of a treatment course of penicillin, arsenic and bismuth, one received a course of penicillin therapy only and refused to co-operate further, and one did not have satisfactory treatment.

All the mothers concerned went the full term, and gave birth to live apparently healthy children. These are much the best results that have been obtained in these cases over the past five years, although the failure of two of the patients to co-operate in antenatal treatment must be noted, and also the refusal of certain of the mothers to submit the baby for examination afterwards at the clinic.

E. Cancer.

Although the registrar general has credited the town with only 199 cancer deaths, cancer was mentioned in the death certificate of 209 local residents who died in 1948. The age distribution of these was as follows:—

			<i>M.</i>	<i>F.</i>	<i>Total</i>
0—15 years	...	...	—	—	—
16—25 „	...	...	—	1	1
26—35 „	...	...	2	1	3
36—45 „	...	...	4	5	9
46—55 „	...	...	11	19	30
56—65 „	...	...	37	21	58
66—75 „	...	...	31	40	71
Over 75 years	...	...	14	23	37
Totals	...	...	99	110	209

The sites of the disease were as follows:—

			<i>M.</i>	<i>F.</i>	<i>Total</i>
Larynx	...	...	3	—	3
Maxilla	...	...	2	1	3
Mandible	...	...	1	—	1
Mouth	...	...	—	2	2
Throat	...	...	—	1	1
Oesophagus	...	...	3	2	5
Stomach	...	...	27	22	49
Intestine	...	...	—	1	1
Colon and caecum	...	...	12	21	33
Rectum	...	...	6	5	11
Gall bladder	...	...	1	1	2
Liver	...	...	4	5	9
Pancreas	...	...	2	1	3
Peritoneum	...	...	—	1	1
Lung	...	...	22	7	29
Mediastinum	...	...	1	—	1
Uterus	...	...	—	14	14
Ovary	...	...	—	5	5
Bladder	...	...	6	2	8,
Prostate	...	...	6	—	6
Kidney	...	...	2	—	2
Breast	...	...	—	15	15
Other areas	...	...	1	4	5

PART IV.—MISCELLANEOUS SERVICES.

A. Gateshead Corporation Act, 1938.

Under Section 34 of this Act, which is repealed by Section 47 (13) of the National Assistance Act, 1948, the Medical Officer of Health was given power to apply to a court of summary jurisdiction for the removal to an institution of aged, infirm, or physically incapacitated persons residing in premises which had become insanitary, and of persons suffering from grave chronic disease who were unable to attend to themselves, or were not receiving proper care and attention from others. The procedure followed in these circumstances was a visit of inspection or indeed several visits followed by extensive enquiries about the position of the relatives, so as to ensure that no other method of dealing with the difficulty was possible. Thereafter, a formal warning was given in writing of the intention to make application to a court for the Order. At least three clear days' notice of the application had to be given along with notice of the time and place where the application would be made. The usual period during which such an Order was valid was three months, but before the conclusion of this a fresh application could be made. Liable relatives could be assessed for the maintenance of the person removed to an Institution. In the first six months of 1948, no persons were subjected to the full procedure, but in previous years Orders of this kind have on several occasions been sought and granted by the Magistrates.

Local experience suggested that this was a mechanism to be operated only very rarely, and removals in these cases were often obtained by persuasion. The persons concerned were often in such a state of senile dementia that they were quite incapable of understanding the offensiveness of their surroundings, the nature of their plight, or the meaning of the solemn legal warning. In only one instance over many years has the person concerned appeared in court, and then his malodorous presence scarcely required the testimony of official witnesses. In one or two instances, notice of the intention to remove the patient was followed by the death of the patient before the legal proceedings, and it was easily possible for death to occur during the process of removal to institutions of some of these ailing persons.

B. National Assistance Act, 1948.

This new Act completes the break-up of the Poor Law, by setting up a National Assistance Board with the duty to assist persons in need. It lays on the Local Authority the duty to provide accommodation for persons who, by reason of age, infirmity or any other circumstances, are in need of care and attention not otherwise available, and also the duty to provide temporary accommodation for persons who are in urgent need thereof. For this purpose, the Local Authority must establish a Committee which will also manage any premises in which such accommodation is provided. This Committee, which in Gateshead is called the Welfare Services Committee, has power also to make arrangements to promote the welfare of blind, deaf, dumb and such other handicapped persons as may be prescribed by the Minister of Health, who has powers to act in default of the Local Authority. The principal officer of the Welfare Services Committee is the former Director of Welfare Services, Mr. E. Waton, and the local Public Assistance Institution, renamed "Fountain View", was set aside under the management of the welfare services committee, for the provision of the accommodation laid down by the Act.

The Act contains powers for the registration of Homes and charities for disabled persons and the aged.

Under Section 47, an important change took place to supersede the provision of the local Act. This section deals with the problem of the aged and infirm persons, who are living in insanitary conditions and are unable to devote to themselves or receive from other persons proper care and attention. Thence, after full enquiry, the Medical Officer of Health may certify in writing that it is necessary to remove such persons from the premises in which they are residing to a suitable hospital or other place, but this Act provides that the consent of the local authority must be obtained and that seven clear days' notice must be given to the person concerned of any intended application to a court. In the latter half of the year, the following cases were visited and certified by the Medical Officer of Health with the results indicated.

On 11/9/48, a widow of 84 years with chronic rheumatism living with an aged sister of 79 years and a younger brother, occupied a four-roomed upper floor flat, the interior of which was extremely dilapidated, filthy and neglected. The roof of the premises was leaking, so that rain was falling into basins placed on the floor, and these were allowed to become overfull with the result that water percolated into the premises below. As the offer of hospital care was refused, the necessary certificate was given, with the intention of seeking to remove the two aged women to hospital, but owing to local delays in the procedure it was decided not to pursue the matter to its termination in the court, in view of the fact that the patient mainly concerned, who was crippled with chronic rheumatism and incipient blindness, voluntarily decided to enter Fountain View on 23/9/48. The remaining sister and brother were thereafter closely supervised, and the necessary housing repairs were carried out so that it appeared to be unnecessary to proceed further meantime.

On 6/11/48, a man and wife, aged 62 years and 61 years respectively, both able to move about but suffering from early senile dementia, were located in an attic room, which although poorly furnished was in a deplorably filthy state. The floor of the attic was covered with fragments of food, spilled slops and ashes and there was a heap of coals in one corner. The persons themselves were extremely dirty in their persons, nor had their clothing been washed for some considerable period. This couple had no relatives, and attempts were made to persuade them to enter "Fountain View" voluntarily to be cleaned up. The offer met with firm refusal which was persisted in, despite warnings that the necessary proceedings for compulsory removal would be taken. The medical certificate was given and the Magistrates Order obtained, the defendants making no appearance in the court. By the time the order was granted, the two persons had decamped to some other area, and it was not possible to trace them.

A local medical practitioner, who had been called to attend an elderly woman of 67 years, came to report that she suffered from chronic rheumatism was extremely ill and refused to go to hospital. On visiting the premises a room let in lodgings, the patient was found sitting in an arm chair in a distorted position, practically unable to move and almost pulseless. The premises and conditions of the patient were extremely insanitary, and there

was no efficient attendance upon her. The patient who was able to understand the advice of her own practitioner and of the Medical Officer of Health that she should enter hospital, was nevertheless adamant and persistent in her refusal to go to hospital. In these circumstances, the medical certificate for the necessity of removal to hospital was given, along with verbal notice of the intention to apply legal procedure. Next day, the patient became semi-conscious so that consent was presumed and she was at once removed to hospital, where she died within a few hours. An inquest was held by H.M. Coroner in this case.

As a result of these and other previous experiences, the provisions of Section 47 of the National Assistance Act are criticised on the grounds that the legal machinery laid down is neither suited, nor can be adapted to these difficult cases. The main grounds for criticism are in the necessity to have the approval of the appropriate authority, that is the Welfare Services Committee, the length of the necessary "notice of intention", that is seven days, and the necessity to proceed to a court of summary jurisdiction. These cases come to light either as a result of gradual deterioration of the mental or physical health of the persons and prolonged neglect of the household by persons who are still able to move about but are immune to advice and persuasion, or alternatively arise as a sudden emergency in infirm persons who become completely incapacitated. In the first type of case neighbours or relatives complain and in the second type the patient is usually referred by a doctor, relative or neighbour anxious to help. It follows, therefore, that there is danger of the persons absconding, or of the ill patients dying before the Court Order can be put into effect. The legal process really wanted to deal with these cases is a provision analogous to the certification process applicable to persons of unsound mind, *i.e.* a visit by a magistrate to the premises, coupled with certification by the Medical Officer of Health and the evidence of one other authorised person.

C. Welfare of the Blind.

Before the appointed day under the National Health Service Act, the scheme for the welfare of the blind was a joint arrangement with Newcastle, but intimation having been received of the desirability of each authority preferring to run its own scheme, the welfare of the blind in Gateshead was transferred to the Director of Social Welfare, Mr. E. Waton, who has since been appointed Director of Welfare Services under the National Assistance Act. By his courtesy, I am able to reproduce the following table relative to the status of the blind at the end of the financial year in March, 1949:—

	<i>Total</i>	<i>Males</i>	<i>Females</i>
Employed (1) in workshops	16	13	3
(2) as home workers	—	—	—
(3) otherwise	10	6	4
Under Training (Industrial)	—	—	—
Trained but unemployed	2	1	1
Unemployable	256	118	138
No training but trainable	—	—	—
	<hr/> 284	<hr/> 138	<hr/> 146
Children of school age	2	1	1
	<hr/>	<hr/>	<hr/>

4 males and 6 females are resident in Institutions.

2 males and 3 females in Fountain View.

2 males and 2 females are resident in the Mental Hospital.

1 female in Home for the Blind.

Of the unemployable the number of persons over 70 years of age is 126.

Occupations of Employed.

Basket Workers	3	Mat Makers	4
Mattress Makers	2	Miscellaneous.....	4
Brush Makers	4	Braille Copyist	—
Machine Knitters	2	Hand Knitters	4
Employed in Sighted		Piano Tuner	1
Industry. Chair Seaters	1	Tea Agent	1

Blind, Physical and Mental Defectives.

	<i>Total</i>	<i>Males</i>	<i>Females</i>
(a) Blind and Mentally Defective	5	3	2
(b) Blind and Physically Defective	9	6	3
(c) Blind and Deaf	22	11	11
(d) Blind and Deaf—Mute	3	1	2
(e) Combination of (a) and (b)	1	1	—
(f) Combination of (a) and (c)	1	1	—
(g) Combination of (b) and (c)	3	2	1
	44	25	19

D. Pharmacy and Poisons Act.

66 persons were registered for the sale of poisons listed in Part II of the Poisons List and these were supervised on behalf of the Council by the Pharmaceutical Society's Inspector, who has reported that the provisions of the Act were adhered to in 1948.

E. Children's Act, 1948.

Under the Children's Act, 1948, the child life protection functions of the health department passed to the new children's department of the Local Authority, under the statutory children's committee. Owing to difficulties with the appointment of a children's officer, the public health department continued the supervision of boarded out children and children placed with a view to adoption on behalf of the Children's Committee. The account of this work is given elsewhere in this report.

F. Nurseries and Child Minders' Act, 1948.

The only nurseries provided in the Borough are those provided by the Local Authority, the residential nurseries for deprived children under the management of the children's committee, and the day nurseries for the children of women workers under the maternity and child welfare committee.

Enquiries were made by a factory with a view to the establishment of a nursery for the children of workers, but this has not so far materialised. There are no registered child minders in the area.

G. Superannuation Acts.

65 persons were examined under these Acts, 60 of these being new appointments with the Gateshead Local Authority and 5 having reference to appointments with the Regional Hospital Board and other authorities at a distance.

PART V. SANITARY CIRCUMSTANCES OF THE AREA.

(Report of the Chief Sanitary Inspector, William A. Mears).

General.

The year 1948 commenced with a deficiency of two District Sanitary Inspectors in the staff of the department, which impaired efficient working. These vacancies were filled after considerable delay, resulting in normal functioning of the department during the latter half of the year only.

In order to pursue a more vigorous policy in respect of the hygiene of food premises and a cleaner food campaign, it was found necessary to increase the inspectorial personnel by one. This step will undoubtedly pay a handsome dividend, in time, by improved conditions and a higher code of hygienic practice under which foodstuffs are prepared, handled and sold, as assistants of food preparing premises and the public respond to the advice given by the staff of this department.

With the removal of the control of building materials, and the raising of the free limit of building repairs to £100, 2,800 working class dwelling houses were made reasonably fit. This number again reveals a vast increase on previous years, particularly regarding works carried out under informal notice, and demonstrating that many owners are now complying therewith and not waiting for statutory action.

Pressure on the accommodation at Greenesfield House, due to the developments of the new local authority health services, rendered it necessary to rehouse the sanitary department in other premises. After deliberation, the Council instructed that the sanitary department be removed to the old Gateshead Dispensary building adjoining the Town Hall, with the use of the entire bottom floor, which consists of an adequate number of rooms. Thus, there are separate offices for the chief sanitary inspector, his deputy, the inspectorial staff, the typist and clerical staff, and a waiting hall. A close liaison is still maintained with Greenesfield House, particularly in regard to the control of infectious diseases and food inspections.

Sewer Rat Campaign.

In accordance with the scheme of the Ministry of Agriculture, Infestation Department, two further maintenance treatments (7th and 8th) and test-baiting of the sewers in the Borough, were completed during the year. The "estimated kill" numbers again reveal, on comparison with earlier figures, a considerable reduction in the rat population existing in the sewers.

Surface survey and treatments where necessary of private dwellings and factories were also carried out.

A. Water Supply.

The Newcastle and Gateshead Water Company's monthly statement of "Water in Store" expressed in terms of million gallons showed a variation between a minimum of 3,756, representing 134 days supply, and a maximum of 5,288, representing 188 days supply.

Circular 28/46.

1. The water supply in whole area is satisfactory in
 - (a) Quality
 - (b) Quantity

2. Regular examinations were made of water going into supply.
3. There is very little chance of Plumbo-solvent action in this water supply.
4. One complaint of abnormal appearance was referred to the Water Company, and flushing of the mains rectified this matter.
5. Practically all supplies are direct to houses (31,817 houses with a population of 115,100).
6. Thirteen samples were taken for bacteriological and thirteen for chemical examination.

Specimen results of each test are given below.

<i>Chemical Examination</i>	<i>Parts per 100,000</i>	<i>Bacteriological Examination Plate Count Colonies per ml.</i>
Total Solids at 180° C.	12·0	
Chlorine as chlorides	0·89	
Free ammonia	0·006	at 37·C (2 days incub.)13°
Albuminoid ammonia	0·006	at 20:-22: C(3 days incub.10)
Nitrogen as nitrates	0·05	
Oxygen absorbed (4 hrs. at 80° F.)	0·224	<i>Coliform Bacillus.</i>
Total hardness	9·5	per 100 ml. 0
Permanent hardness	2·5	
Temporary hardness	7·0	<i>Conclusion.</i>
Lead and Copper	None	Satisfactory.
Iron	None	
Appearance and Colour	Faint Greenish yellow & clear	
Smell and Taste	Satisfactory	
Microscopical examination of deposit	Satisfactory	

Both the analyst and the bacteriologist are of the opinion that the water is suitable for a Public Water Supply.

B. Sewerage, Drainage, and Closet Accommodation.

During 1948, the relief sewers draining the western part of the Borough, also the Ellison Road outfall sewer, were completed so far as the County Borough is concerned. This should somewhat abate the risks of flooding in the Newall Terrace area of the town, which is however partly related to exceptional tides. A commencement has been made with the fourth section of the western outfall sewer.

With the exception of a few isolated houses on the outskirts of the town, where sewers are not available, water carriage is the system throughout the Borough. Most of these exceptions are houses which are intended for future demolition.

C. River Pollution.

The Tyne continues to be polluted by crude sewage discharged by all the authorities on the river, and consequently its condition between tides can be described as a huge sewer.

D. Public Cleansing.

I am indebted to Mr. W. C. S. Culley, M.INST., P.C., Cleansing Superintendent, for a summary of the year's work.

Refuse Collection and Disposal.

Number of Ashbins and dry boxes in the Borough.....35,650

A regular weekly collection of refuse was maintained throughout the year and it is calculated that up to the end of December, approximately 1,853,800 calls were made for ashbins and boxes at all classes of premises.

During the year, 1,898 defective refuse receptacles within the Borough were replaced by British Standard Dustbins from the stocks of this Department.

The total quantity of House and Trade refuse collected during 1948 amounted to 42,587 tons which was disposed of as follows:—

Moss Heaps Tip ....	....	....	....	....	20,752 tons
Farnacres Tip ....	....	....	....	....	21,517 „
Sheriff Hill Tip ....	....	....	....	....	318 „
					<hr/>
					42,587 „
					<hr/>

This quantity exceeds that collected during 1947 by 10,294 tons.

Salvage.

The revised system of salvage collection introduced on the Bensham Estate in December, 1947, was extended to other districts during 1948 and at the end of the year, 3,668 buckets and bags had been delivered to dwelling houses within the Borough.

The quantity of salvage collected under this scheme has more than reached expectations and the total quantity of re-usable waste materials collected throughout the Borough and returned to industry amounted to 1,739 tons valued at £6,258.

Street Cleansing.

The roads and streets of the Borough of which there are approximately 120 miles have been regularly cleansed while about 6,100 street gullies were emptied, cleansed and resealed at monthly intervals during the year.

The new gully emptying and pressure street washing equipment has now been received, which will greatly improve the condition of streets, particularly during the summer months.

E. Swimming Baths.

(1) Mulgrave Terrace.

This water is subject to continuous filtration and chlorination treatment, a sample taken, during a busy period, for bacteriological examination was reported as satisfactory.

(2) Shipcote Baths.

The method of purification of the water of this bath was changed from filtration and ozonisation to filtration and chlorination in early October. Results of bacteriological and chemical examination before and after the change show that a considerable improvement in the purity of the water has been effected, as shown in the specimen results below.

June (before change)—Plate Count.....more than 3,000 colonies per ml.

Presumptive Coliform Count—45 per 100 mls. of water.

October (after change)—Plate Count—10 colonies per ml.

Presumptive Coliform Count—Nil.

In both cases the water is taken from the Town Supply.

F. (1) Inspection and Notices.

Complaints received and dealt with:—

From Householdors:—

General defects2717

Verminous conditions 216

2933

Sanitary Inspection.**Notices Issued.**

Notices were served upon owners, agents and tenants requiring the abatement of nuisances and repair of dwellings, drains, sanitary conveniences, etc.

No. of Informal Notices served	2,115
No. of Informal Notices complied with	2,352
No. of Premises respecting which Statutory Notices were served	154
No. of Premises where Statutory Notices were complied with	337
No. of Premises concerning which Statutory Notices were passed to Borough Surveyor, or Chief Architect, to carry out in default	78

(2) Reconditioning of Dwellings.

No certificate was applied for under Section 51 of the Housing Act, 1936.

(3) Sanitary Inspection of Public Buildings.

49 public halls, theatres and cinemas subject to annual licensing by the Licensing Justices and Local Authority were inspected and reported upon to the appropriate authority. Of these, all but two were satisfactory, one of which was subsequently put in order.

(4) Common Lodging Houses.

There are no common lodging houses in the Borough.

(5) Houses Let in Lodgings.

There are 25 tenement houses on the Register, in which two are let as furnished lodgings.

(6) Offensive Trades.

Fat Melter	1
Tallow Melters and Blood Driers	2
Marine Store Dealers	7
Tripe Preparers	1
	<hr/>
	11
	<hr/>

Knacker's Yard.

463 horses and ponies, 657 cows, 453 other bovines and 26 T.B. cows were disposed of at Dobson's Knacker's Yard, South Shore Road. The premises were satisfactorily conducted.

(7) Bakehouses.

Factory bakehouses with mechanical power	35
Factory Bakehouses manual	19

The sanitary conditions, on inspection, were generally satisfactory. There are no underground bakehouses in the Borough.

(8) Shops Inspection.

Under the provisions of the Shops Act and the Registration of Food Preparing Premises, and for the purposes of the Food and Drugs Act, and food inspection, 716 visits were made to shops and warehouses. The following works were carried out:—

Sinks with hot and cold water fitted	28
Additional sanitary accommodation	1
Premises cleansed	22
General repairs	18
Drains cleared and repaired, etc.	18
Premises Disinfested	7

Fertilisers and Feeding Stuffs Act, 1926.

Visits were made to the premises where fertilisers and feeding stuffs are made and sold. The premises generally were in a satisfactory sanitary condition, any requirements being readily carried out.

(9) Merchandise Marks Act.

No action was taken under this heading.

(10) Rats and Mice (Destruction) Act, 1919.

Sewers—Rat Campaign.

The whole of the sewers in the Borough were disinfested on two occasions with an estimated total kill of 2,024 (see General Remarks).

103 premises were visited on complaints of rat infestation. The remedy of drainage defects and the use of various types of poison baits, traps, etc., resulted in improvement although many re-visits were necessary. The estimated kill was 1,874 rats.

The Private Dwelling Special Scheme, 1946/1947 as inaugurated by the Ministry of Food Infestation Division was continued, and at the end of the year, the whole of the Borough had been twice surveyed, in the course of which 126 premises were treated with an estimated kill of 198 rats.

Six treatments were carried out at the various corporation tips with an estimated kill of 321 rats.

(11) Eradication of Bed Bugs.

Particulars of the action taken for the Eradication of Bed Bugs.

(1) The number of:—

(a) Council Houses inspected	....	25
(b) Other Houses inspected	....	23
(i) Found infested	....	48
(ii) Disinfested	....	48

(2) The methods employed for freeing infested houses from bed bugs were as set out in previous reports.

Other Verminous Conditions.

Advice was sought by 36 tenants (including 20 Council) complaining of infestation of beetles, etc. In all cases, floors, skirting boards and hearths were taken up and all cavities and woodwork sprayed with insecticides; in other cases powder was supplied. In addition, 1 Police Box was disinfested.

111 fumigations were carried out in connection with slum-clearance furniture removals, and 7 large properties under the jurisdiction of the Council were disinfested. In addition, the Queen Elizabeth and Bensham Hospitals were treated for beetles, as required.

(12) Atmospheric Pollution.

One complaint of smoke from a factory was received. Upon investigation this was found to be caused by the temporary use of an auxiliary boiler which was being forced beyond its proper capacity, and also, to the use of inferior quality fuel. These matters were satisfactorily remedied.

A serious source of nuisance and inconvenience to the unfortunate occupants of houses in the vicinity of the Borough Gardens Railway Locomotive Engine Sheds is the dense smoke discharged from locomotives while being fired to raise steam prior to a journey. Volumes of black smoke envelope the whole neighbourhood of Park Road and St. James Square, with serious effects upon the fabric of buildings, decorations in the homes and what is surely more important, to the health and comfort of the residents.

Owing to the inadequate legislation relating to smoke nuisance from railway engines, no solution has yet been found to this problem which is only closely associated with the general problem of smoke from this source experienced in other parts of the Borough, notably the business centre of the town, where there is a congestion of railways for two passenger stations and a bye-pass line, also the Greenesfield Locomotive works and the Park Lane Goods Station.

Another contributory factor of considerable importance in atmospheric pollution, is from domestic sources, evidenced by contrast during the summer months when there is a clearer atmosphere.

The formation of a North East Divisional (Smoke Abatement) Council should bring about a more vigorous and progressive policy and uniformity among the Local Authorities concerned.

It is intended to set up, in the near future, in this Borough, three Deposit Gauges, and one Lead Peroxide Instrument, when a reliable and regular estimate of atmospheric pollution from all sources will be available.

(13) Infectious Diseases.

356 visits were made to cases of infectious disease notified to the Medical Officer of Health. Housing conditions, means of isolation, milk supply, etc., were enquired into.

(14) Factories Act, 1937.

The Register of Factories, required to be kept by the District Council in accordance with Section 8 (3) of the Act shows a total of 515 factories in the Borough at the end of the year.

Defects and contraventions found during the course of inspections, in most cases were remedied by the co-operation of the occupiers responding readily to written or verbal notices relating to these matters.

Notices respecting 21 factories relating to matters which are the concern of the District Council under Part I of the Act, received from H.M. Inspectors of Factories, were attended to with satisfactory results, and one case of doubt as to certain premises constituting a factory was referred to H.M. Inspectors with whom close co-operation continues to be maintained.

A summary of the particulars required by Section 128 (3) as requested by the Ministry of Labour and National Service on Form 572, is shown in the following tables:—

1. Inspections.

<i>Premises</i>	<i>Number</i>	<i>Number of</i>		
		<i>Inspec- tions</i>	<i>Written Notices</i>	<i>Occupiers Prosecuted</i>
(i) Factories in which Sections 1, 2, 3, 4, and 6 are to be enforced by Local Authorities	89	25	6	—
(ii) Factories not included in (i) to which Section 7 applies	421	84	29	—
(iii) Other Premises under the Act	5	—	—	—
Total	515	109	35	—

2. Defects Found.

Particulars	Number of cases in which defects were found				Prosecu- tions
	Found	Remedied	To H.M. Inspector	By H.M. Inspector.	
Want of Cleanliness	5	5	—	4	—
Overcrowding	—	—	—	—	—
Unreasonable temperature	1	1	—	1	—
Inadequate ventilation	—	—	—	—	—
Ineffective drainage of floors	—	—	—	—	—
Sanitary Conveniences:—					
(a) insufficient	2	2	—	2	—
(b) Unsuitable or defective	20	20	—	13	—
(c) Not separate for sexes	2	2	—	1	—
Other Offences	1	—	1	—	—
Total	31	30	1	21	—

Outworkers.

Four female outworkers were registered as making clothing apparel at home. There were no contraventions of the Act.

G. Diseases of Animals Acts and Orders.

Report of Action taken by the Inspector of the Local Authority.

The veterinary inspections required by the Diseases of Animals Acts are carried out by the Divisional Inspectors of the Ministry of Agriculture and Fisheries, supplemented by certain local administration of the various Orders and Regulations.

Live Stock Markets.

Statement of the number of animals which passed through Messrs. Maughan's Auction Marts, Tyne Road East, which is an official collecting centre.

	<i>Fat Stock for Slaughter</i>	<i>Store Stock</i>
Cattle	2,104	1,050
Sheep	4,200	—
Calves	216	—
Pigs	2,717	1,211
Dairy Cows	—	263
	9,237	2,524
	11,761	

58 sales were held and one of the staff attended all sales for the purpose of issuing movement licences, and for the general supervision of cleansing and disinfection.

Irish Animals Order—Authorised Market.

No. of Sales	....	....	....	11
Cattle arriving	....	....	....	467
Licenses issued for movement out	....	....	....	29
Licenses issued for movement in	....	....	....	13

Copies of the licences were sent to all receiving authorities to enable them to check arrival and detention at the farms.

Transit of Animals Order.

Cleansing and disinfection of road vehicles was supervised at Messrs. Maughan's Washing Dock, Redheugh Bridge Road, at which 264 vehicles were dealt with.

Swine (Movement) Order.

Under these Orders, licences were received or issued as follows:—

	<i>Received and checked into the Borough</i>	<i>Issued for movement out of the Borough</i>
Store Pigs	254	1,218
Fat Pigs for Slaughter	—	—
Fat Pigs for Market	—	—
Licenses	34	268

Swine Fever and Other Scheduled Diseases.

The Borough was free from any outbreaks of contagious diseases amongst animals. Three suspected cases of swine fever were reported to the Ministry of Agriculture and Fisheries but were not confirmed.

Tuberculosis Order.

Quarterly reports upon the inspection of dairy herds were received from the Divisional Veterinary Inspectors, with whom close co-operation was maintained and whose advice and assistance was readily available.

No case was reported under the Order. 9 cases of mastitis were reported by the Ministry of Agriculture. Each case was visited, and the milk from the affected animals kept separate, and not sold to the public.

PART VI. INSPECTION AND SUPERVISION OF FOOD.

A. Milk and Dairies.

1. Cowbyres.

There are 7 cowbyres (total cows kept average 141). Two are licensed for production of "Accredited" Milk. There is one small "Attested" herd, but no milk is sold.

Milk Retailers.

329 Premises are registered as follows:—

Wholesale Dealers retailing in Gateshead	16
Wholesale Dealers retailing from outside	8
Producer Retailers	5
Producer Retailers from outside areas	5
Retailers (dairies and shops)	295
	<hr/>
	329
	<hr/>

2. Purity of Milk.

62 formal and 4 informal samples were taken (see table under Section C)

3. Milk (Special Designations) Order, 1936/1938.

The following table gives the various grades for which 18 licences were issued:—

Tuberculin Tested and Accredited Milk.

Producer and Bottler	1
Producer not bottling	1
Bottler	1
Dealer	7
Supplementary Licenses	4

Pasteurised Milk.

Pasteuriser's License	2
Dealer	2
Supplementary Licenses	—
	<hr/>
	18
	<hr/>

Bacteriological Examination of Milk.

The following summary shows the total number of samples taken during the year and submitted for the prescribed tests under the Milk (Special Designations) Orders and the Heat-Treated Milk (Ministry of Health) Circular 31/44.

(1) Methylene Blue Test	236
(2) Bacillus Coliform	61
(3) Phosphatase Test	171
(4) Tuberculosis Biological Test	19
	<hr/>
	487
	<hr/>

B.

<i>Class of Milk</i>	<i>Number Exam-ined</i>	<i>Number Satis-factory</i>	<i>Failed Meth.Bl. Test</i>	<i>Failed Phosph. Test</i>	<i>Failed Coliform Test</i>	<i>Per cent. Satis-factory</i>
Pasteurised	44	39	5	1	—	88·53
School Milk (Pasteurised)	98	90	8	0	—	91·8
Sterilised.....	23	23	0	0	—	100·0
Tuberculin Tested (Pasteurised)	10	10	0	0	—	100·0
Tuberculin Tested	24	15	8	—	4	62·5
Tuberculin Tested (Certified) }						
Accredited	16	8	7	—	4	50·0
Non-designated	21	14	4	—	4	66·6
Totals	236	199	32	1	12	84·3

The number of milk samples taken in 1948 was slightly lower than in the previous year, and is accounted for by reason of the fact that all school milk is now supplied in bottles and not from tanks and beakers as previously, also to the fact that a shortage of guinea pigs at the Public Health Laboratory was responsible for the cessation of samples for this test being taken for the Tuberculosis Biological Test.

One sample of the 19 submitted for the T.B. Biological Test was found positive; and was from a non-designated herd outside the Borough, which was a supply arriving for pasteurisation. The offending animal or animals were not traced by the Animal Health Division of the Ministry of Agriculture and Fisheries. Their final report certified the herd as non-tuberculous. As stated in last year's report upon these undetected cases of Tubercular cows, either the offending animals are innocently or deliberately removed from the herd, or there is some freak instance of an animal alternately yielding tuberculous and non-tuberculous milk. This situation certainly calls for investigation.

The percentage of samples failing the Methylene Blue Test fell from 20 per cent to 13 per cent in 1948, but is still, I feel, far too high. These may be the result of unsatisfactory cooling of the milk at the farms or a lack of protection, whilst in transit, from the heat of the sun during warm weather. Whatever be the cause, it calls for steps to be taken at the source. The authorities concerned in each case, were notified of the sample failing to pass the test.

Failures to pass the coliform test reveal a sorry picture, particularly regarding Tuberculin Tested and Accredited Milks where the percentages failing were 16 2/3 per cent and 25 per cent respectively, although both figures represent an improvement on 1947 returns. It passes comprehension to find Bacillus Coliform in T.T. Milk, and demonstrates that lack of cleanliness cannot be compensated for by a designation of the milk.

With regard to the Pasteurised Milk, it is anticipated that the two new H.T.S.T. Plants, now almost ready for production, will see the commencement of a regular and satisfactory supply of safe milk sufficient for the needs of the Borough.

Schools, Nurseries and Hospitals Milk Supply.

102 samples of Pasteurised Milk (included in the foregoing tables) were taken at different schools, hospitals and nurseries, the whole of the schools in the Borough being covered. Three of these were from a licensed pasteurising plant in the Borough, whilst 99 were from outside sources. The whole of the school milk is now supplied in bottles, as before the war, and chiefly from outside supplies (Stocksfield and Northallerton).

Heat Treated Milk (Ministry of Health) Circular 31/44.

In accordance with the above circular made under Defence Regulation 55G, samples of heat treated milk (Pasteurised and Sterilised) were taken twice monthly from each of the three licensed heat treatment plants in the Borough, for the Special Short Time "Methylene Blue" test for heat treated milk, and for the phosphatase tests.

The "Methylene Blue" tests are included in the above table, and phosphatase tests numbering 171 were made, of which 170 were reported as satisfactory.

4. Bacteriological Examination of Ice Cream.

51 samples of Ice Cream (as shown in the following table) were submitted for the Methylene Blue Test, as recommended in the Heat Treatment Regulations, which came into operation on 1st May, 1947. In the case of unsatisfactory samples, where possible, the premises registered for manufacture were visited and recommendations were made which should improve the standard from a bacteriological standpoint. The new regulations require all ice cream to be heat treated, and should, when equipment and premises have been brought to a satisfactory standard, result in a safer and purer article of food. All manufacturers have been visited and advised as to what is required. One can happily report that there appears to be a general desire to comply with the Regulations, and thus remove for all time the stigma that used to be, and still is in some cases, attached to the trade of the Ice Cream Vendor.

The grading under the Methylene Blue test is not to be taken too rigidly, but rather as a guide, so that, to say that ice cream has not passed the test, is perhaps somewhat drastic.

No result should be based on one sample.

51 samples were graded as follows:—

Grade 1	19	Satisfactory
Grade 2	11	"
Grade 3	12	Unsatisfactory
Grade 4	9	"
Percentage of samples found satisfactory 59%.		

Chemical Analysis of Ice Cream.

Four samples of Ice Cream, as served to the school canteens, were taken. The following results show the standard to be well above the average taken in previous years.

<i>Sample No.</i>	<i>Fat %</i>	<i>N.F.S. %</i>	<i>Water %</i>
1	11·6	21·1	67·3
2	10·8	22·2	66·0
3	8·6	23·6	67·8
4	8·9	23·4	67·7

Ice Cream—Premises Registered for Manufacture and Sale.

No. of premises registered for manufacture of ice cream during 1948	2
No. of premises registered for sale of ice cream during 1948	18
Total number of premises now registered for the sale/or manufacture of ice cream	57

B. Inspection of Meat and Other Foods.

1. Slaughterhouses.

The private slaughterhouses in the Borough have not been used since slaughtering was centralised in Newcastle under Government control.

2. Unsound Foods.

The work of the qualified meat and food inspectors involved the examination of meat, and consignments and stocks in the shops, stores and depots, and the sorting out and inspection of suspicious tins and packages. This involved much time and care. All food materials suitable for the preparation of animal feeding stuffs were salvaged, others being sent to registered premises for conversion to fertilisers or destroyed.

Condemned Foodstuffs.

The following table summarises the total weight in lbs. of each commodity from Shops, Stores, Warehouses, etc. condemned during 1948.

	lbs.
(1) Butcher Meat and Bacon	6,335
(2) Fish	192
(3) Provisions	6,515
(4) Fruit and Vegetables	1,586
(5) Carton and Packet Goods (cereals, etc.)	1,537
(6) Tinned Meats, Fish, etc.	4,202
(7) Tinned Vegetables, Fruit, Soups, etc.	3,873
(8) Tinned Milk and Cream	2,209
(9) Preserves, Jam, Pickles, Essences, etc.....	14,517
	<hr/>
	40,966

Total.....18 tons, 5 cwts, 3 qr. 2 lbs.

Importation of Foodstuffs.

The following table shows the amount of foodstuffs landed at Hillgate Quay from the Continent and Channel Islands,

	<i>Tons</i>
(1) Cereals and Flour ...	538
(2) Margarine and Cooking Fats	8
(3) Cheese ...	872
(4) Milk (Condensed and Dried) ...	776
(5) Beer and Wine ...	15
(6) Chocolate and Confectionery ...	12
(7) Tinned Foods ...	124
(8) Eggs ...	4
(9) Fruit and Vegetables...	6940½
(10) Other Foodstuffs ...	274
	<hr/> 10163½

C. Food and Drugs Act, 1938.

Samples taken for Analysis during the year 1948.

<i>Samples taken</i>	<i>Total</i>	<i>Genuine</i>	<i>Adulterated</i>
Formal.			
Milk ...	62	59	3*
Beef Sausage ...	6	2	4**
Beef Sausage Meat ...	10	2	8**
Tomato Sausage ...	1	1	—
Dripping ...	1	1	—
Minced Beef ...	1	1	—
Vegetarian Sausage (Tomato) ...	1	—	1***
Informal.			
Milk ...	4	3	1*
Ice Cream ...	4	4	—
Condensed Milk ...	1	1	—
Fish Cakes ...	6	5	1†
Fish Pastes ...	3	3	—
Malt Vinegar ...	2	2	—
Mustard and Horseradish Sauce ...	1	1	—
Liquid Mustard ...	1	1	—
Cocoa ...	1	1	—
Golden Raising Powder ...	1	1	—
Baking Powder ...	1	1	—
Sauce ...	1	1	—
Semolina ...	1	1	—
Tea Cake ...	1	1	—
Liver Roll ...	1	1	—
Liver Sausage ...	1	1	—
Savoury Roll ...	1	1	—
Meat Savouries ...	1	1	—
Sugar ...	1	1	—
Cough Mixture ...	1	1	—
Salad Dressing ...	1	1	—
Coffee and Chicory ...	3	3	—
Dripping ...	2	1	1††
Butter ...	2	2	—
Cooking Fat ...	2	2	—
Cooking Oil ...	1	1	—
Margarine ...	1	1	—
Creaming Compound (Sweepat) ...	1	1	—
White Pepper ...	2	2	—
Horseflesh ...	1	1	—
Sausage (containing Horseflesh) ...	1	—	1†††
Mincemeat ...	4	4	—
Sandwich Spread ...	1	1	—
Chest and Lung Mixture ...	1	1	—
Totals ...	139	119	20

***Milks.**

1. Samples of milk deficient in milk fat to the extent of 2·6 per cent. Added water not confirmed.
2. Sample of milk deficient in milk fat to the extent of 23·67 per cent. Sample taken at farm (3 cows only). Cows not stripped properly and milked at irregular hours. Farmer notified and check sample taken and found satisfactory.
3. Sample of milk deficient in milk fat to the extent of 2·83 per cent. Check sample taken and found genuine.
4. Informal sample of milk from bulked supply deficient in milk fat to the extent of 6·6 per cent. Check samples taken from individual supplies and found genuine.

****Beef Sausage and Sausage Meat.**

The four samples of beef sausages were deficient in meat content to the extent of 14·2%, 21·8%, 52·4% and 5·2% respectively. All these samples were reported to the Town Clerk for action by the Ministry of Food and the vendor of the sample which was 52·4% deficient in meat was prosecuted and fined £35 and costs.

The eight samples of beef sausage meat were deficient in meat content to the extent of (a) 51·4%, (b) 12·0%, (c) 9·6%, (d) 54·0%, (e) 11·8%, (f) 25·0%, (g) 47·8%, and (h) 24·0% respectively.

All were reported to the Town Clerk for action by the Ministry of Food and proceedings were taken in connection with cases (a), (c), (d) and (g). Fines of £25 and costs, £15 and costs, £35 and costs and £20 and costs respectively were imposed.

*****Vegetarian Tomato Sausage.**

Public Analyst's report on this sausage gives the meat content as NIL and states that the description is a contradiction of terms as "sausage" according to the Meat Products and Canned Meat (Control and Maximum Prices) Order, 1948, No. 1509 means any *meat* product filled into natural or artificial casing. Reported to Town Clerk for action by Ministry of Food.

†Fish Cakes.

Informal sample—deficient in fish content to the extent of 39·7 per cent. Reported to Town Clerk for action by Ministry of Food.

††Dripping.

The informal sample of dripping was analysed for the presence of horse fat, which was not present but contained only 90·0 per cent. fat and 10·0 per cent. water. A formal sample was taken and reported as genuine.

†††The Horseflesh and Sausage containing Horseflesh.

These samples were submitted for analysis pending legal proceedings by the Ministry of Food for illegal sale of same.

PART VII. HOUSING.

The housing problem which Gateshead had to face at the end of the war was a serious one, and the difficulties attending the solution thereof were not at the time foreseen. To appreciate how serious the problem was, it must be remembered that the overcrowding survey of 1936 revealed Gateshead as the second most overcrowded County Borough in England and, in addition, the slum clearance programme outlined in 1930 was only half completed. The position thus created by these two factors was aggravated by the wartime standstill in the repair of old houses, resulting in deterioration of property to a serious extent in many instances, by the increase in the number of families in the Borough during the war years, and by the renewed activity of heavy and light industries each adding to the already overcrowded conditions.

The plan laid down by the Council in 1945 for the erection of 1,000 houses in two years became faced with the national difficulties which arose in the shortage of essential materials because of the vast quantities required at once in every area of the country. These difficulties so interfered with the programme that only 43 houses were erected in 1946 and, during 1947, a further 128 houses were added to this amount. During the year 1948, 387 houses were completed, making a total of 558 houses in all.

As a result of the addition of this accommodation, some improvement has undoubtedly taken place, but there still remains a pressing necessity to rehouse people living in overcrowded conditions and in unfit houses, which cannot be over stressed.

The available building land within the Borough is very limited, and saturation point with regard to house building is almost reached. The Highfield, Coach Road, Blue Quarries and Sunderland Road Estates are now complete, while work is proceeding on the Beacon Lough and Lobley Hill estates. The new estate to be started at Wrekenton will provide 300 houses, but this, in addition to the two unfinished estates, falls far short of the number of houses required, an estimate of which approximates 5,000.

A. Slum Clearance.

Slum clearance activities were of necessity suspended in 1939, and at that time there still remained 178 houses of the five years Clearance Programme laid down in October, 1933, together with 1,208 houses which had been included in the Supplementary Clearance Programme, drawn up in 1938/1939. As a result, houses which would have been cleared and which have suffered further deterioration during the war years, are still occupied and must thus remain the objects of attempts to keep them in sanitary repair. The cost of rendering many of these houses reasonably fit for habitation is prohibitive, and all that can be done is to compel the execution of works under the Public Health Acts, or make Demolition or Closing Orders under the Housing Acts.

Many houses in the Borough, having long outlived their useful life, are found to be in such a condition that repair work serves no useful purpose, unless undertaken on such a scale as to make the cost of such work unreasonable, having regard to the value of the particular house. It was therefore decided early in the year, that where such conditions applied to a house, "Closing" or "Demolition" Orders would be made in accordance with the requirements of the Housing Act, 1936.

The following table gives the position regarding individual unfit houses, from which it will be seen that at the beginning of 1948, there were 38 families living in houses to which such orders applied, and that during the year 86 families were added to that number. Rehousing was possible in 37 cases during 1948, and at the end of the year there was a remainder of 87 families living in houses to which "Demolition Orders", "Closing Orders" or "Undertaking by owner not to relet" applied.

<i>Orders made</i>	<i>No. of Houses</i>	<i>Year Made</i>	<i>No. of Families Involved</i>	<i>Families Rehoused 1948</i>
Demolition Orders ...	3	Prior to 1948	3	NIL
Closing Orders ...	18	" " "	25 }	15
Undertaking not to relet	8	" " "	10 }	
Demolition Orders ...	5	1948	5	3
Closing Orders ...	45	1948	55 }	19
Undertaking not to relet	23	1948	26 }	
Totals to end of 1948 ...	102	—	124	37

B. Overcrowding.

Although the population has not shown a large increase, the maturing of children born during the high birth rate period following the first world war has resulted in an increase in the number of families. As a result a large number of families are living in sub-let rooms, and under conditions which are not conducive to good health either mentally or physically.

The demand for houses has been increased also by the industrial development within and adjacent to the Borough.

During the year new applications were received at the rate of approximately 50 per week, the total at the end of the year being near 2,000. This figure when added to the applications received prior to 1948 and, after allowing for those rehoused, makes a total of some 9,000.

Of this amount many are found to be satisfactorily accommodated, and others will be able to occupy small houses vacated by large families.

C. Housing Needs of the Borough.

It is only possible at the present time to give an approximate estimate of the number of houses required in the Borough, and after taking into consideration those families satisfactorily accommodated, together with a reason-

able allowance for those which it will be possible to decant into small vacated houses, a figure of 5,000 could be taken as a minimum. This number is given as a minimum because the majority of tenants of property scheduled for clearance under the Housing Acts, have not made application for houses, under the impression that rehousing would be automatic when large scale building revives the policy of slum clearance.

Of the number of houses required, the greatest demand is for the two-bedroomed type, but it must be borne in mind that the provision of larger type houses will eventually lead to the rehousing of families suitable for small type houses due to the process of decanting as previously mentioned.

Another item which makes difficult the estimation of the housing requirements, is the number of instances in which each of two and more families, occupying one house, make their own application for accommodation, and, where again the rehousing of one family will create satisfactory accommodation for two families. It would therefore appear that the figure of 5,000 as quoted should be aimed at until such times as the relief of pressure in this field makes an accurate estimate possible.

D. Housing Repairs.

The policy of the Council of operating Sections 9 and 10 of the Housing Act, 1936, was pursued at the same vigorous tempo as in 1947. It is pleasing to report that, in many instances, owners carried out repairs under informal notices rather than wait for statutory action. To such an extent was this the case that during the year more informal notices were complied with than were actually served. The figures for statutory notices reveal the same satisfactory result.

During the year 2,115 informal notices were served and repairs executed informally in 2,352 instances. Statutory notices were issued in respect of 154 houses and complied with in 337 cases. In 78 cases the carrying out of the work was passed, in default of the owner, to the Chief Architect.

The difficulty of deciding whether to deal with some of these old properties under Section 9 and 10 for repair, or to recommend that Closing or Demolition Orders be made will continue to be a problem under the existing housing legislation. The relationship between repair costs and the estimated value of the houses concerned (the latter being based on the existing pre-war rents) is now out of all proportion. My remarks, in the 1947 Report in this connection, that some comprehensive scheme of State assistance in the form of financial loan or grant towards the reconditioning and improvement of these houses until conditions permit the resuscitation of a planned slum clearance policy, therefore still apply in 1948.

W. A. MEARS,

Chief Sanitary Inspector.

